

## CORPORATE PARENTING COMMITTEE

WEDNESDAY 20 NOVEMBER 2019

6.30 PM

Bourges/Viersen Room - Town Hall

### AGENDA

	Page No
<b>1. Apologies for Absence</b>	
<b>2. Declarations of Interest</b>	
At this point Members must declare whether they have a disclosable pecuniary interest, or other interest, in any of the items on the agenda, unless it is already entered in the register of members' interests or is a "pending notification " that has been disclosed to the Head of Legal Services	
<b>3. Minutes of the Meeting Held on 17 July 2019</b>	<b>3 - 10</b>
<b>4. Update From Foster Carer Forum</b>	<b>11 - 14</b>
<b>5. Update from Youth Voice Coordinator for Children in Care Council</b>	<b>15 - 18</b>
<b>6. Annual Health Report</b>	<b>19 - 74</b>
<b>7. Formal report in relation to Children In Care Peer Review and action plan</b>	<b>75 - 94</b>
<b>8. Performance Reports</b>	<b>95 - 102</b>
<b>9. Health Performance Report</b>	<b>103 - 106</b>
<b>10. Committee Meeting Start Times for 2020/2021</b>	<b>107 - 110</b>
<b>11. Members Issues</b>	
Members that are not part of the core CPC membership, but hold Corporate Parenting responsibilities, are invited to raise any issues they have with regard to the services provided to Children in Care.	
<b>12. Work Programme</b>	<b>111 - 114</b>
<b>13. Date of Next Meeting</b>	

The next meetings are due to be held:

Informal Meeting - 22 January 2020

Formal Meeting – 25 March 2020



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#### **Committee Members:**

Councillors: Ayres, Bashir, Bisby (Chairman), Bond, Coles (Vice Chairman), Day, C Harper, Haynes, Jones, S Lane and Robinson

Substitutes: Councillors: Bond, Howard, Howell, Hussain and Yasin

Further information about this meeting can be obtained from Karen Dunleavy on telephone 01733 452233 or by email – [karen.dunleavy@peterborough.gov.uk](mailto:karen.dunleavy@peterborough.gov.uk)

# Public Document Pack



Minutes of a meeting of the Corporate Parenting Committee held at the Bourges/Viersen Room - Town Hall  
on 17 July 2019

**Committee Members Present:** Bisby, L Coles, Ayres, Howard, Bashir, Robinson, Jones, Day, S Bond, Haynes, Lane.

**Officers Present:**

Nicola Curley, Assistant Director Children Services  
Myra O'farrell, Head of Corporate Parenting  
Andy Pallas, Executive Director Children's Services, The Adolescent and Children's Trust (TACT) Peterborough  
Deborah Spencer, Designated Nurse for Looked After Children  
Sue King, Head of Service TACT  
Jenny Weeden, Youth Voice Coordinator  
Dee Glover Virtual School Head Teacher  
Pat Carrington, Assistant Director Skills and Employment / Principal  
Cambridgeshire County Council & Peterborough City Council / City College Peterborough  
Mohammed Sarfraz, Post 16 Education Coordinator for Children in Care  
Karen S Dunleavy, Democratic Services Officer

**Also Present:**

Stephen Green, Foster Carer Forum Representative  
Jo Merchie, Foster Carer Forum Representative

**1. APOLOGIES FOR ABSENCE**

Apologies for absence were received from Councillor Harper, Councillor Howard was in attendance as substitute.

**2. DECLARATIONS OF INTEREST**

No declarations of interest were made.

**3. MINUTES OF THE MEETING HELD ON 20 MARCH 2019**

The minutes of the meeting held on 20 March 2019 were agreed as a true and accurate record.

**4. APPOINTMENT OF CORPORATE PARENTING CHAMPION POSITIONS**

The Corporate Parenting Committee received a report which requested Members to review the current Corporate Parenting Champions positions and allocations.

The Chairman introduced the report to Members and requested them to consider and approve the positions and nominations proposed.

Champion positions and nominations received included:

- I. Housing, Finance and Benefits - Councillor Sandra Bond
- II. Education Employment and Training and Access to Higher Education - Councillor Bashir
- III. Health - Councillor Robinson
- IV. Recreation and Leisure activities - Councillor Day
- V. Effective Care Planning - Councillor Jones

The Corporate Parenting Committee considered and **RESOLVED** (unanimously) to note the report and agreed the Champion positions and appointments.

#### **AGREED ACTION**

The Corporate Parenting Committee considered and **RESOLVED** (Unanimously) to note the report and agreed the Champion positions and appointments as follows:

- I. Housing, Finance and Benefits - Councillor Sandra Bond
- II. Education Employment and Training, and Access to Higher Education - Councillor Bashir
- III. Health - Councillor Robinson
- IV. Recreation and Leisure Activities - Councillor Day
- V. Effective Care Planning - Councillor Jones

#### **5. UPDATE FROM FOSTER CARER FORUM**

The Corporate Parenting Committee received a report in relation to the recent activities and outcomes of the Foster Carer Forum meetings.

The purpose of the report was to provide Members with an overview of discussions and actions from the Foster Carers forum. Members were advised about the training pack recently circulated to foster carers and the work undertaken to review the Staying Put Policy.

The Stephen Greene, the Foster Carer Forum Representative introduced the report to Members and requested them to consider and note the update provided.

The Corporate Parenting Committee debated the report and in summary, key points raised and responses to questions included:

- The language used in relation to the Staying Put Policy was being reviewed by TACT, however some of the language could not be amended for Legal reasons. Strategies to explain this to the young people in care had seemed to be effective.
- There had been improvements introduced recently surrounding the out of hours support provided to Foster Carers.
- The Foster Carer rates and packages were being reviewed by TACT in order to encourage carers to remain with the in-house provision rather than be enticed to move to Independent Fostering Agencies.
- The training packages were being circulated as wide as possible, such as through all social workers and special guardianship carers.
- The work to improve continuity of social workers for Children in Care was ongoing and this was a national campaign. Work was also being conducted with Cambridgeshire to commission social workers from agencies. There had been a slight turnover of staff due to circumstances such as promotion, which was seen as a positive outcome.

The Corporate Parenting Committee considered and **RESOLVED** (unanimously) to note the report.

## **AGREED ACTION**

The Corporate Parenting Committee considered and **RESOLVED** (unanimously) to note the report and agreed that the Executive Director Children's Services, TACT Peterborough would provide details to Members of how the recent training package for foster carers would be accessible by all groups of carers.

### **6. YOUTH VOICE COORDINATOR FOR THE CHILDREN IN CARE COUNCIL**

The Corporate Parenting Committee received a report in relation to an update from the Children in Care Council about their projects and activities.

The purpose of the report was to provide Members with an overview of note the content of the report and raise any queries they had with lead officers.

The Youth Voice Coordinator introduced the report and advised Members about the current projects being undertaken by the Children in Care Council such as work being undertaken on the coming into care packages, build a bear foundation application, summer activities, collaboration work with the Virtual School Head Teacher and the youth leader programme.

The Corporate Parenting Committee considered and **RESOLVED** (Unanimously) to note the report.

### **7. VIRTUAL SCHOOL ANNUAL REPORT**

The Corporate Parenting Committee received a report in relation to the Virtual Schools.

The purpose of the report was to provide Members with an overview of the achievements of Children and Young People in Care and the role of Peterborough Virtual School. Members were also provided with an overview of recent successes such as university offers for CiC and the Ravensthorpe Forest School success.

The Head of Virtual Schools introduced the report and requested Members to note the content of the report and raise any queries they had with lead officers.

The Corporate Parenting Committee debated the report and in summary, key points raised and responses to questions included:

- Members commented that the data compiled for Virtual Schools (VS) was required to consider all the children in the cohort and was not able to separate out figures such as SEND or Education Health Care Plans, whereas mainstream school data would. Members commented that this had the potential to skew figures in relation to the success of the virtual school.
- Members were advised that in line with the Department for Education (DfE) expectations, figures had not been separated, however, it was something that could be considered by the virtual school service going forward.
- Members were provided with confirmation over the achievement levels for Maths and English and commented that the figures appeared to suggest that being put on a foundation level would not provide the opportunity for pupils to progress further than a grade four or five.
- Members were advised that some pupils had a low base learning level and the results that had been achieved on the foundation level, were considered good. Furthermore, Members were advised that if any pupil was placed on the wrong GCSE level, the school would face challenge from the VS.

- Members were advised that there had been around 107 pupils at the beginning of the academic year accessing the post 16 education provision. In addition, there were three pupils due to enter university.
- Members were advised that the 'out of city placements' had been a challenge, however the VS team had liaised with every designated school on a termly basis. Furthermore, the Virtual School training packages for teachers had been offered nationally.
- Members complimented the Virtual School Head Teacher on the report and the progress being made.
- Members were advised that Care Leavers could access university placements up to the age of 25 under the new legislation.
- Members were advised that the introduction of additional learning programmes such as the Forest School were being explored, particularly to include secondary school pupils.

The Corporate Parenting Committee considered and **RESOLVED** (Unanimously) to note the report.

## 8. APPRENTICESHIP AND WORK OPPORTUNITIES FOR CARE LEAVERS UPDATE

The Corporate Parenting Committee received a report in relation to Care Leaver apprenticeship opportunities.

The purpose of the report was to provide Members with an overview on the position of Apprenticeships and Work Opportunities for Care Leavers in the City.

The Assistant Director Skills and Employment introduced the report and requested Members to note the contents and raise any queries they had with lead officers.

The Corporate Parenting Committee debated the report and in summary, key points raised and responses to questions included:

- Members were advised that there were suitable opportunities across the city where apprenticeship support would be provided to employers and applicants in addition to the Peterborough City Council opportunities.
- There had been an apprenticeship reform which had changed the funding available and this was different for employers with a wage bill over £3m which would be paid into a digital account to support their own apprenticeships. Small and Medium Enterprise (SME) companies could access funding from the Government, however there was a national shortage of this type of funding through the college. There had been a levy pot that could also be passed to other businesses and discussions were being held with Peterborough City Council to explore how residual apprenticeship funds could also be passed on to SMEs.
- The NEET team would contact young people that had not engaged with the service for some time. There were challenges with keeping track of the NEET young people if they move out of city or change their contact phone number.

The Corporate Parenting Committee considered and **RESOLVED** (Unanimously) to note the report.

### AGREED ACTION

The Corporate Parenting Committee considered and **RESOLVED** (Unanimously) to note the report and agreed that the Not in Employment Education or Training Team would provide further detail to the Committee about what measures were in place to track down Care Leavers that had moved out of the City and changed contact details.

## 9. EDUCATION OPPORTUNITIES FOR UNACCOMPANIED ASYLUM SEEKER CHILDREN

The Corporate Parenting Committee received a report in relation to the education opportunities for all Unaccompanied Asylum Seeking Children (UASC) young people.

The purpose of the report was to provide Members with an overview of UASC young people and their access to education when they arrive in care in Peterborough.

The Head of Virtual Schools introduced the report and requested Members to note the content and raise any queries they had with lead officers.

The Corporate Parenting Committee debated the report and in summary, key points raised and responses to questions included:

- Members were advised that there was an error in the report at 4.2.4 in that the City College data should be listed as in city rather than out of city.
- There were a number of provisions on offer to support unaccompanied asylum seekers, such as English for speakers of other languages (ESOL), Compass Group and other partnership arrangements.
- Peterborough City Council (PCC) was part of the Eastern Region UASC intake and was responsible for 0.07% of the UASC population. Where other local authorities were over their prescribed figures for UASC, PCC was signed up to a regional rota to take responsibility for a child in this situation.
- There were providers that worked with post 16 to 18 and post 18 UASCs to provide good educational skills base. Providers would also work with Imams and the People and Communities Cohesion Manager to support Peterborough's UASCs.
- Some UASCs were at different levels in their education, with some never receiving an education. There was a course on offer at the City College to provide citizenship and democracy awareness for all UASCs. No qualification could be achieved for the entry course; however, students could progress to level three. There had been several success stories despite the challenges the UASCs had faced, such as progressing into careers in the legal profession.
- Members commented that the work being undertaken to provide varied education opportunities for UASCs had developed in a positive way.
- Members were advised that there had been a transport support provision in place for UASC students as well as funding to help with grants towards any equipment needed for courses.
- Members thanked the Head of Virtual Schools and Post 16 Education Coordinator for Children in Care for all their hard work and success.
- Members were advised that the authority would provide UASCs with education placement near to where they lived.
- The Authority had recently been successful in a bid for Central Government funding to support community cohesion development. This funding also included support for UASCs education and housing needs provision in the future. Members were also advised that they would be provided with an update on the progress of the funding bid in due course.

The Corporate Parenting Committee considered and **RESOLVED** (Unanimously) to note the report.

## 10. CHILDREN IN CARE STRATEGY AND CARE LEAVERS STRATEGY

The Corporate Parenting Committee received a report in relation to the Children in Care and Care Leavers Strategy which was currently being reviewed.

The purpose of the report was to provide Members with an overview of the strategy review and the work being undertaken by the Children in Care Council and Care Leavers in order to design it. In addition, Members were advised that it was also intended to enhance the connection with the Corporate Parenting Committee. The Committee was also informed that the Children in Care (CiC) and Care Leaver (CL) Strategy would be presented to Members as part of the ratification processes.

The Head of Corporate Parenting introduced the report and requested Members to note the content and raise any queries they had with lead officers.

The Corporate Parenting Committee debated the report and in summary, key points raised and responses to questions included:

- Members were advised that the priorities outlined in the current CL and CiC strategy had been initially linked to strategies such as the Sufficiency Strategy and Health and Wellbeing Board. It was very out of date and the work being undertaken would ensure the relevant consultation processes were appropriate and would predominantly include CiC and CLs comments.
- The current strategy would be provided to the CiCC and CLs in order to obtain their views in the first instance and to gain their feedback on how the document should be updated.
- The Foster Carer Forum Representative commented that it was reassuring that the Authority was listening to the CiC and CLs over such important issues.
- Members were informed that the consultation with CiC and CL was intended to take place over the summer events and would include groups of young people with additional needs.
- Members commented that it was very important to listen to the young people and children in care over the strategy update in order to gain their views and engage with them especially over what support they need.

The Corporate Parenting Committee considered and **RESOLVED** (Unanimously) to note the report.

## 11. PERFORMANCE REPORTS

The Corporate Parenting Committee received a report in relation to the placements of children and young people in care.

The Corporate Parenting Committee received a report in relation to Children in Care and Care Leaver placements.

The purpose of the report was to provide Members with an overview in respect of the numbers of children and young people currently being looked after by the Authority and to provide a breakdown of the types of placements in which they lived. The report also provided information about the age, gender and ethnicity of those children and young people.

The Assistant Director Children's Services introduced the report and requested Members to note the content and raise any queries they had with lead officers. Members were also provided with an update in regard to the new Scorecard format.

The Corporate Parenting Committee debated the report and in summary, key points raised and responses to questions included:

- Members commented that the new Scorecard format was a good improvement to the performance report and the figures were very clear to follow.
- Members were advised that the service had seen a downward trend on pathway plans for Care Leavers data. This was due to the number of reviews undertaken to improve the recording processes. This had been difficult for staff to manage, however there was a plan in place to assist with the transition and the data being produced. A recent peer review had identified that the new recording system in place was clear, which had been seen by the service to be a positive outcome.
- Members were advised that the new scorecard was not an in-depth service performance report and that one could be provided to Members on request. Members were also advised that officers would highlight any areas of concern where performance was low. Members were also advised that the targets would be reviewed to ensure that figures were achievable.
- Members were advised that there had been some success with adoption figures due to improvement plans in place, however, the process had been a lengthy one. Members were also advised that it was important to implement the right adoption placement and sometimes there had been a small number of cases that had taken longer to implement, which had affected the figures. In addition, Members were advised that the Authority's adoption figures had remained stable compared to national figures. It would take three years to see the numbers improve.
- Members were advised that the Authority was not required to report special guardianship orders that also provided permanent placements within the birth family. This had affected the figures for adoption placements as the courts preferred this type of order.

The Corporate Parenting Committee considered and **RESOLVED** (Unanimously) to note the report.

## 12. HEALTH

The Corporate Parenting Committee received a report on the health service performance to children in care and care leavers.

The purpose of the report was to provide Members with an overview of the Clinical Commissioning Group's (CCG) activities to ensure robust monitoring and quality assurance systems were in place to meet the health needs of the Looked after Children population in Peterborough.

The Designated Nurse for Children in Care introduced the report and requested Members to note the content and raise any queries they had with lead officers.

The Corporate Parenting Committee debated the report and in summary, key points raised and responses to questions included:

- Members commented that attention should be concentrated on support for young people in care with substance misuse issues.

The Corporate Parenting Committee considered and **RESOLVED** (Unanimously) to note the report.

## 13. DRAFT WORK PROGRAMME AND REVIEW OF THE COMMITTEE'S WORK IN 2018/2019

The Corporate Parenting Committee received a report in relation to the review of the Committee's work in 2018/2019.

The purpose of the report was to provide Members with the opportunity to discuss the Committee's objectives and priorities for 2019/20 and to approve the draft work programme for 2019/20.

The report also provided the Committee with the opportunity to review its work conducted throughout the municipal year 2018/19.

The Democratic Services Officer and Assistant Director Children's Services introduced the report and requested Members to note the content of the report and raise any queries they had with lead officers. Members were also advised about the number of recommendations they had made during 2018/19 and that this number had increased compared to 2017/2018.

The Corporate Parenting Committee debated the report and in summary, key points raised and responses to questions included:

- Members were advised that the Committee could receive updates about placements regarding sufficiency.
- Members were also advised that any finance queries could be directed to Members Services or the Cabinet Member for Finance.
- Members were advised that any finance service or budget issues should be referred to full Council.

The Corporate Parenting Committee considered and **RESOLVED** (Unanimously) to note the report and raise any queries with the Lead Officers.

#### **AGREED ACTION**

The Corporate Parenting Committee considered and **RESOLVED** (Unanimously) to note the report and approved the work Programme for 2019/2020.

#### **14. MEMBERS ISSUES**

Members that were not part of the core CPC membership, but held corporate parenting responsibilities, were invited to raise issues they had with regard to the services provided to Children in Care (CiC).

The Corporate Parenting Committee considered and **RESOLVED** that there were no issues to raise.

#### **15. DATE OF THE NEXT MEETING**

The next formal meeting of Corporate Parenting Committee was due to be held on Wednesday, 20 November 2019.

CHAIRMAN  
6:30pm - 8:35pm

<b>CORPORATE PARENTING COMMITTEE (FORMAL)</b>	AGENDA ITEM No. 4
<b>20 NOVEMBER 2019</b>	<b>PUBLIC REPORT</b>

Report of:	Wendi Ogle-Welbourn, Executive Director People and Communities Cambridgeshire and Peterborough Councils	
Cabinet Member(s) responsible:	Councillor Lynne Ayres, Cabinet Member for Children's Services	
Contact Officer(s):	Sarah-Jane Smedmor, Assistant Director Children's Social Care	Tel. 01223 699920

### FOSTER CARER FORUM REPORT NOVEMBER 2019

<b>R E C O M M E N D A T I O N S</b>	
<b>FROM:</b> Myra O'Farrell, Head of Service	<b>Deadline date:</b> N/A
<p>It is recommended that the Corporate Parenting Committee</p> <ol style="list-style-type: none"> <li>1. Notes the content of the report; and</li> <li>2. Raise any queries they have with the lead officers.</li> </ol>	

#### 1. ORIGIN OF REPORT

1.1 This report is submitted to each formal Corporate Parenting Committee.

#### 2. PURPOSE AND REASON FOR REPORT

2.1 Corporate Parenting Committee wish to receive an update at formal committee meetings of discussions and actions from the Foster Carers Forum.

2.2 This report is being presented under the Corporate Parenting Committee Terms of Reference:

2.4.4.2 To receive statutory reports in relation to the adoption, fostering, commissioning, looked after children services and children's homes with a view to recommending any changes.

2.3 This links into all areas of the children in care pledge.

#### 3. TIMESCALES N/A

Is this a Major Policy Item/Statutory Plan?	<b>NO</b>	If yes, date for Cabinet meeting	
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#### 4. BACKGROUND AND KEY ISSUES

4.1 The Foster Carers Committee continues to meet on a regular basis. The agenda consists of standing items and other issues, topics of conversation that occur from time to time. Meetings are attended by 10-15 representatives. The chair, deputy chair, secretary and treasurer posts are subject to annual elections. Managers from the Permanency service and colleagues from

Peterborough City Council (PCC) are also present at these meetings. Stephen Green has been elected as the new Chair of the Committee.

- 4.2 The service returned to Peterborough City Council on the 25<sup>th</sup> October 2019. Lou Williams, Service Director Children and Safeguarding and Dominic Porter-Moore Corporate Parenting Programme Lead have met with carers subsequently. Both will attend future committee meetings, as much as their schedules would allow, to help alleviate carers concerns. Carers are keen as are PCC to retain positive changes that have occurred over the past two years and ensure a strong relationship between carers and the service is maintained.
- 4.3 The committee organised events at Snettisham Deer Park during the Easter holidays and in August at Wicksteed Park with 200 attending. May half-term events took place at Bounce and the annual BBQ took place in July at the Peterborough Rugby club.
- 4.4 Planning is at an advanced stage for the Children's Christmas Party in Peterborough in December.

A trip for carers and children to the pantomime is planned in December. Previously free tickets were obtained from the YMCA, but these are not available this year, so Committee members have been involved with other partners in raising over £350 to contribute towards funding.

- 4.5 Several teenagers living with Peterborough foster carers attended the TACT Big Weekend in the Isle of Wight and TACT Peterborough had its own 'Little Weekend' at Caythorpe Hall. Twelve boys and girls aged between eight and fourteen enjoyed a weekend of outward-bound activities. This trip was organised by the TACT Children's Resource worker supported by the PCC Children's Participation officer and four members of staff.
- 4.6 The committee is keen to be involved in the recruitment and retention of foster carers and this has been an area of discussion at meetings. The Carers bulletin has been used to remind carers of the advantages of fostering for Peterborough such as:
- Transport available for YP
  - Vivacity memberships
  - Summer Holidays days out/activities
  - Christmas Party & Panto
  - Excellent training opportunities
  - Top class support from Supervising Social Workers
  - 24/7 Out of hours support

Carers share the Council's concerns about the retention and recruitment of carers and will be invited to take a direct role in recruitment activities going forward.

Exit interviews had begun to be undertaken anonymously using survey money as carers leaving had not always felt able to speak honestly about their reasons for leaving the service. Thought will be given as to whether this will be continued in this way.

- 4.7 The Committee has discussed carers' activities on social media and takes the view that a helpful development would be to clarify policy in this area. The Committee would also like to see it used more for sharing knowledge and promoting training opportunities.

- 4.8 Learning and Development continues to flourish within the service with nearly all courses for the rest of the year being fully booked. A carer champion role has been created to ensure this high take up continues alongside the service.
- 4.9 Young people's Passports – The carer committee is working with Children's services to ensure that the complexity of process involved does not negatively impact on the timescales in which young people obtain passports.
- 4.10 The Committee considers it important to support carers increased involvement in the education of the children they are caring for and have circulated information around the Do's and Don'ts of Personal Education Plans (PEP's). Eliza Devanny has accepted an invite to attend a future Committee Meeting.
- 4.11 The Committee has promoted young people maintaining contact with previous carers and this can be important in building and retaining relationships. This obviously must be in line with care plans, but carers have an important role in supporting this as they do with children's birth families.
- 4.12 Carers have valued the Assistant Children's Resource Worker role that TACT had introduced. Funding for this post ends in December 2019 and carers have valued the support this person has provided to children in their care and the mentoring she has provided. Carers recognise we have some very competent and successful young people who are within, and have been, through the care system and if willing, believe they could share their experiences and knowledge of the system with other young persons who may be struggling generally.

**5. CONSULTATION**

- 5.1 None

**6. ANTICIPATED OUTCOMES OR IMPACT**

- 6.1 None

**7. REASON FOR THE RECOMMENDATION**

- 7.1 Corporate Parenting Committee to be aware of the role of the Foster Carer Forum.

**8. ALTERNATIVE OPTIONS CONSIDERED**

- 8.1 None

**9. IMPLICATIONS**

**9.1 Financial Implications**

No

**9.2 Legal Implications**

None - as this report is for the Committee's information.

**9.3 Equalities Implications**

No

#### 9.4 **Any Other Relevant Implications**

Peterborough City Council are working with colleagues in the Permanency Service to develop the most effective service for children in care.

### 10. **BACKGROUND DOCUMENTS**

Used to prepare this report, in accordance with the Local Government (Access to Information) Act 1985

10.1 None

### 11. **APPENDICES**

11.1 None

<b>CORPORATE PARENTING COMMITTEE (FORMAL)</b>	AGENDA ITEM No. 5
<b>20 NOVEMBER 2019</b>	<b>PUBLIC REPORT</b>

Report of:	Wendi Ogle-Welbourn, Executive Director People and Communities Cambridgeshire and Peterborough Councils	
Cabinet Member(s) responsible:	Councillor Lynne Ayres, Cabinet Member for Children's Services	
Contact Officer(s):	Matt Oliver Service Manager (Communities and Interventions)	Tel. 01733 864560

## YOUTH VOICE COORDINATOR for CICC

R E C O M M E N D A T I O N S	
<b>FROM:</b> Sarah-Jane Smedmor Assistant Director Children's Services	<b>Deadline date:</b> N/A
<p>It is recommended that the Corporate Parenting Committee:</p> <ol style="list-style-type: none"> <li>1. Notes the content of the report.</li> <li>2. Raise any queries they have with the lead officers.</li> </ol>	

### 1. ORIGIN OF REPORT

1.1 This report is submitted to each formal and informal Corporate Parenting Committee.

### 2. PURPOSE AND REASON FOR REPORT

2.1 The purpose of this report is to provide an update from the Children in Care Council.

2.2 This report is presented under the Corporate Parenting Committee's Terms of Reference, 2.4.4.1 To act as advocates for looked after children and care leavers.

2.4.4.6 To monitor the quality of care delivered by the City Council and review the performance of outcomes for children and young people in care.

- a) Raise the profile of the needs of looked after children and care leavers through a range of actions including through the organising of celebratory events for the recognition of achievement.
- b) Ensure that leisure, cultural, further education and employment opportunities are offered and taken up by our looked after children and care leavers.
- c) Promote the development of participation and ensure that the view of children and young people are regularly heard through the Corporate Parenting Committee to improve educational, health and social outcomes to raise aspiration and attainments.
- d) Hold meetings with children and young people in care, frontline staff and foster carers to inform the committee of the standards of care and improvement outcomes for looked after children.

2.3 This links to the Children in Care Pledge under:

1. **Respect** - We will respect you as individuals, with differing wants, needs and beliefs and tailor the service you get to fit you.
5. **Listen** – We will support you to have a voice in your care plan and make sure you are listened to. We will ensure you know how to make a complaint or compliment about your care. You will have access to advocacy support to do this if wanted.

### 3. **TIMESCALES**

Is this a Major Policy Item/Statutory Plan?	<b>NO</b>
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### 4. **BACKGROUND AND KEY ISSUES**

- 4.1 Children in Care Council have been working on their Coming into Care welcome packs for young people. They are currently in the process of raising funds to cover the costs of these and have approached local businesses for support. They hope to have initial packs ready for review by January 2019 although this may be impacted by funding and staffing.
- 4.2 In September we said goodbye to Alice Prosser the Children in Care participation worker and are currently awaiting sign off to recruit to her post. We are ensuring that the Children in Care youth club and Children in Care council still run during this transition period and have been supported by staff from with the Quality Assurance and Safeguarding team to keep these going.
- 4.3 In November 2019 we say goodbye to Jenny Weeden the Youth Voice Coordinator for the council, this role is not currently being recruited to, although there will be some support for the Children in Care Council going forward from the newly appointed Integrated Communities Youth Voice Worker who will be starting in post shortly.
- 4.4 Young People have told us through their “Top Tips” how important goodbyes are to them so we have written to all young people in care with a message from both Jenny and Alice to say their goodbyes as well as holding goodbye sessions at youth club and Children in Care Council to allow young people and staff the opportunity to have a proper goodbye. This has been well received by young people and we are already working with them on what they would like to see in their new worker so that they can be fully involved in the recruitment process.

### 5. **CONSULTATION**

- 5.1 This report was completed in consultation with members of the Children in Care Council.

### 6. **ANTICIPATED OUTCOMES OR IMPACT**

- 6.1 Improved engagement with Children in Care and Care Leavers.

### 7. **REASON FOR THE RECOMMENDATION**

- 7.1 N/A

### 8. **ALTERNATIVE OPTIONS CONSIDERED**

- 8.1 There are no changes required.

### 9. **IMPLICATIONS**

#### **Financial Implications**

- 9.1 There are no financial implications.

#### **Legal Implications**

- 9.2 There are no legal implications, as the report is for information only.

## **Equalities Implications**

- 9.3 Participation is an essential service for children in care and care leavers and this report demonstrates the level of participation in various events and activities.

## **Any Other Relevant Implications**

- 9.4 Children in Care have a direct voice at a formal level and are able to influence Council decision making.

## **10. BACKGROUND DOCUMENTS**

Used to prepare this report, in accordance with the Local Government (Access to Information) Act 1985

- 10.1 N/A

## **11. APPENDICES**

- 11.1 N/A

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<b>CORPORATE PARENTING COMMITTEE (FORMAL)</b>	AGENDA ITEM No. 6
<b>20 NOVEMBER 2019</b>	<b>PUBLIC REPORT</b>

Report of:	Executive Director People and Communities Cambridgeshire and Peterborough Councils	
Cabinet Member(s) responsible:	Councillor Lynne Ayres, Cabinet Member for Children's Services	
Contact Officer(s):	Sarah Jane Smedmor – Assistant Director Children's Social Care Deborah Spencer – Designated Nurse Looked After Children	Tel:

## ANNUAL HEALTH REPORT 2018 - 2019

RECOMMENDATIONS	
<b>FROM: Assistant Director Children's Social Care</b>	<b>Deadline date: N/A</b>
<p>It is recommended that the Corporate Parenting Committee:</p> <ol style="list-style-type: none"> <li>1. Notes the content of the report</li> <li>2. Raise any queries with the lead officers</li> </ol>	

### 1. ORIGIN OF REPORT

1.1 This report is submitted annually to a formal Corporate Parenting Committee

### 2. PURPOSE AND REASON FOR REPORT

2.1 The purpose of this report is to provide an overview of the Clinical Commissioning Group's (CCG) activities to ensure robust monitoring and quality assurance systems are in place to meet the health needs of the Looked after Children population in Peterborough

2.2 This report is for the Corporate Parenting panel to consider under its terms of reference no: 2.4.3.6 (c) Promote the development of participation and ensure that the view of children and young people are regularly heard through the Corporate Parenting Committee to improve educational, health and social outcomes to raise aspiration and attainments

2.3 This links to priority 4 of the Children in Care Pledge and Care Leavers Charter. Health issues of Children and young people in care

### 3. TIMESCALES *[If this is not a Major Policy item, answer **NO** and delete the second line of boxes.]*

Is this a Major Policy Item/Statutory Plan?	<b>NO</b>
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### 4. BACKGROUND AND KEY ISSUES

# Health Annual Report

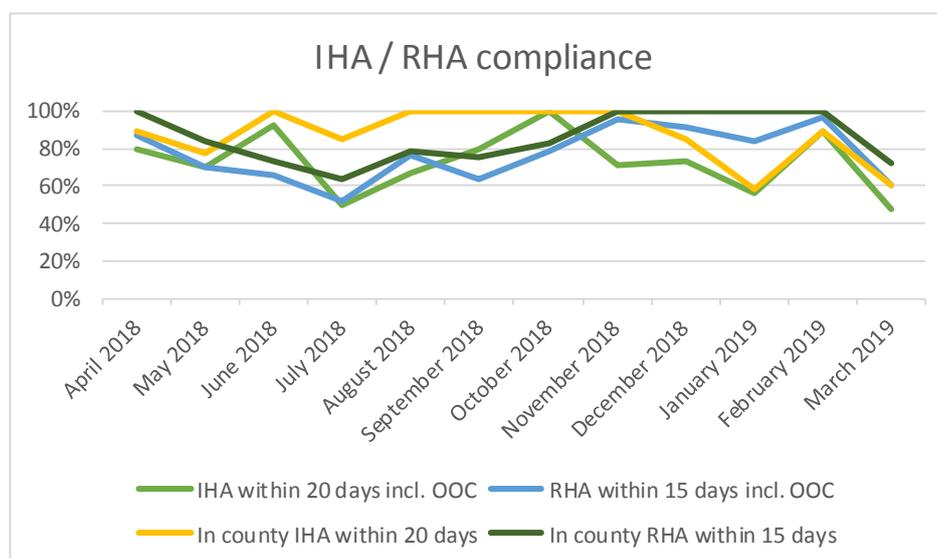
## Peterborough Corporate Parenting

### April 2018 – March 2019

#### 4.1 Compliance with statutory targets for health assessments

CAMBRIDGESHIRE & PETERBOROUGH FOUNDATION TRUST		April 2018	May 2018	June 2018	July 2018
No. Children Entered Care	No. Placed in area	18	18	11	13
	No. Placed out of area	2	2	1	9
IHA Completed with 20 days	No. In area completed within 20 days	16	14	11	11
	% in area completed within 20 days	89%	78%	100%	85%
	No. OOA completed within 20 days	0	0	0	0
	% OOA completed within 20 days	0%	0%	0%	0%
	% All IHA completed in 20 days	80%	70%	92%	50%
Annual Health Review Assessments	No. In area Annual Review Assessments required	21	25	26	22
	No. OOA Annual Review Assessments required	3	5	9	7
	No. In area completed within 15 days	21	21	19	14
	% in area completed within 15 days	100%	84%	73%	64%
	No. OOA area completed within 15 days	0	0	4	1
	% OOA completed within 15 days	0%	0%	44%	14%
	% All AHR completed within 15 days	87.50%	70.00%	66.00%	52.00%

August 2018	September 2018	October 2018	November 2018	December 2018	January 2019	February 2019	March 2019
8	4	10	5	13	26	9	15
4	1	0	2	2	1	0	6
8	4	10	5	11	15	8	9
100%	100%	100%	100%	85%	58%	89%	60%
0	0	0	0	0	0	0	1
0%	0%	100%	0%	0%	0%	100%	17%
67%	80%	100%	71%	73%	56%	89%	48%
28	24	35	26	21	26	31	29
1	4	3	1	2	5	1	6
22	18	29	26	21	26	31	21
79%	75%	83%	100%	100%	100%	100%	72%
0	0	1	0	0	0	0	0
0%	0%	33%	0%	0%	0%	0%	0%
76.00%	64.00%	79.00%	96.00%	91.00%	84.00%	97.00%	60.00%



### **Initial Health Assessments (IHA)**

The Children in Care (CIC) health team continue to strive to meet the 20-day working target for initial health assessments. These assessments are all conducted by paediatricians in line with the statutory guidance. The reasons for not reaching the target of 95% in some months are largely due to children placed out of area, where we request an assessment to be conducted by another health team but are bound by their timescale. There are a few Children who do not attend the first appointment made for them. Occasionally there may be a delay with a referral from social care to health or difficulty in obtaining consent but there is excellent partnership working and escalation in place.

### **Review Health Assessments (RHA)**

The major challenges with review health assessments are for children placed out of area and those who do not attend appointments. The reason for non-attendance may be because the young person is hard to engage or that the carers are unable to attend the first appointment given to them. Where a young person is difficult to engage the Specialist Nurse will endeavour to complete an assessment over the phone or by sending a questionnaire to the young person, they will also include information gained from a discussion with the carer. The health team are now proactively requesting Review Health Assessments from other areas two months ahead of the due date.

## **4.2 Audits of out of county health assessments**

The Designated professionals undertook audits of a sample of initial and review health assessments for Peterborough children placed in other counties during September 2018.

**5 initial health assessments** were reviewed by the Designated Doctor; these were from a wide variety of other counties including Lincolnshire, Devon, London and Norfolk. As per the statutory guidance all were conducted by qualified medical practitioners which included Paediatricians, GP's and an Associate Specialist. The other counties used a variety of health assessment paperwork which differs from the Peterborough system one templates. In some areas this meant a lack of information i.e. neonatal blood spot testing and limited family history. Generally dental, vision, hearing and immunisation data was recorded but there was limited information regarding allergies. The assessments gave a good picture of development, educational progress and emotional well-being. All discussed lifestyle where appropriate and the child / young person's views were documented. All assessments that highlighted health issues resulted in a SMART action plan with appropriate referrals and timescales.

**5 review health assessments** were reviewed by the Designated Nurse; these again were from a wide variety of other counties including Staffordshire, London, Northamptonshire, Kent and Derbyshire. All these assessments were conducted by Specialist LAC Nurses. All counties used either the Peterborough assessment template which had been provided or the British Adoption and Fostering (BAAF) paperwork. As with the initial health assessments there was limited documentation regarding birth and family medical history. All actions from previous health assessments had been completed and dental, vision, hearing and immunisation data was well documented. The assessments gave a good picture of development, educational progress and emotional well-being. All discussed lifestyle where appropriate and the child / young person's views were documented. Interestingly the Nurse's assessments documented allergies. All assessments that highlighted health issues resulted in a SMART action plan with appropriate referrals and timescales.

For both initial and review health assessments there were no Strength and Difficulties Questionnaire scores (SDQ) available and the tool (CRAFFT) used to assess adolescent substance abuse was not used by any other county.

The Designated professionals have collated these audits and will now work with the Lead Nurse to look at

background information and tools that could be supplied with the request for the health assessment to other counties. This may require Social Care to provide more background information when the request for health assessment is made.

The Designated professionals will conduct audits of in area initial and review health assessments in conjunction with the health team during November 2019.

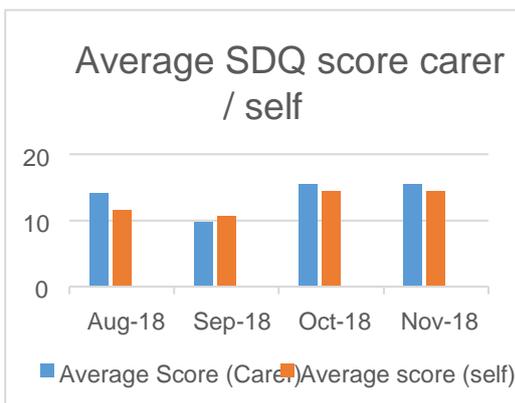
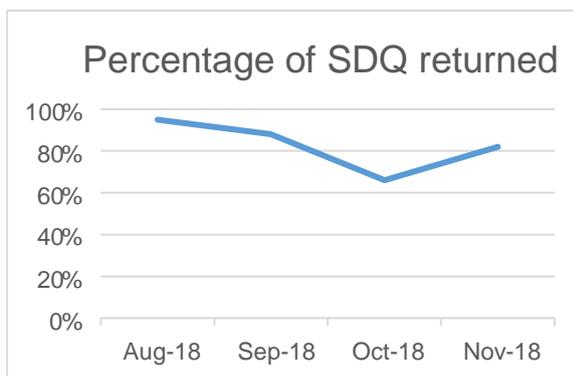
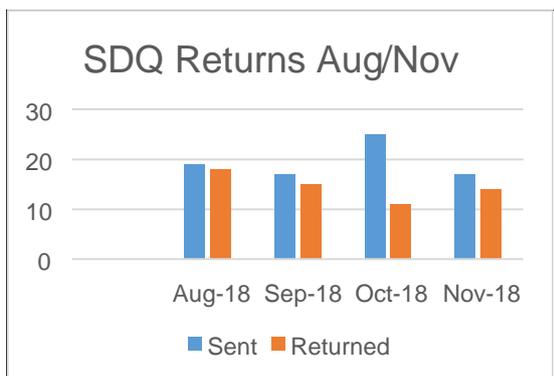
**Strength and Difficulties Questionnaires (SDQ)**

4.3

These questionnaires are used alongside health assessments to assess emotional health and wellbeing. Scoring categories are: Close to average (0-13), Slightly raised (14-16), High (17-19) and Very High (20-40).

The health team in Peterborough undertake the SDQ process on behalf of Social Care. Questionnaires are now generally given out at health assessments as this provides a higher percentage return and the score is reflective of the child’s / young person’s well-being at the time of the health assessment. Where we have a low percentage return as in the graphs below this is due to children placed in other counties. For these young people the questionnaire is sent to the child’s home and relies on this being returned in time for scoring ahead of the health assessment.

The data for August 2018 – November 2018 can be found below.



Scores for individual SDQ ranged from 1 – 26

**Audit of a sample of raised SDQ**

## 4.4

During September 2018 the Designated Nurse audited a sample of raised SDQ scores to review what actions are taken for a child with a raised score. SDQ scores are documented at the health assessment and raised scores are added as an action to the health Action Plan. Ideally the Social Worker would then assess this score against other information available to them about the child's well-being and placement stability and discuss any ongoing concerns with the CIC psychologist. Where necessary the child would be referred on for further assessment / therapy. A two-way dialogue should continue between the Social Worker and CIC health team so that assurance is given that actions have been completed. The SDQ score should be reviewed as part of the health action plan at the statutory review meeting and the plan updated.

Seven sets of notes were reviewed, 4 for children placed within Peterborough and 3 for children placed out of area.

This audit highlights that for two of the seven young people the high SDQ score was not an action on the Health Action Plan. For the other five young people emotional health and well-being was discussed and in four cases further input was suggested or is now in place. There was no feedback from Social Care regarding any of the young people although the CIC Psychologist had documented her input with one of the young people.

### **Actions**

- Health and Social Care to review the joint procedure around SDQ processes
- To raise the profile of the SDQ process amongst Social Workers and the implications of a high score
- To provide education and signposting information for available services and resources to help young people with emotional difficulties
- To work with Social Care to ensure health actions are completed, reviewed at statutory review meetings and fed back to the LAC health team
- To investigate how to increase the number of SDQ's completed and returned for children placed out of area

### **Current progress with SDQ actions**

A series of meetings have taken place with Peterborough Social Care, The Children in Care health team, the Head of the Virtual School and Lead Business Support Officer to review and update the SDQ process. The health team will continue to complete SDQ's with carers / Children at initial and review health assessment appointments. This process provides a good response rate and the SDQ score can be used alongside the health assessment to gain a holistic view of the Child / young person.

For Peterborough Children living out of area the health team will aim to send SDQ forms via email to carers with a view of improving the response rate. A box will be added to the IHA/RHA referral form for the Social workers to add the carer's email address.

On the Health Action Plans the health team will add a box under the SDQ scores to record why an SDQ has not been completed and to comment on the implications/actions relating to the scores.

The Virtual School will start to use SDQ assessments and data can then be triangulated between health, education and social care.

## Care Leavers

4.5

Following consultation with the Children in Care Council a shortened care leaver passport has been developed by the Children in Care health team in Peterborough. The wallet size passport is being used alongside the more detailed passport developed three years ago and the health summary produced from the electronic health system (attached below). This is all offered to the young person at their last health assessment before they turn 18 years and in addition is sent to the GP and Social Worker to be accessed later if preferred.

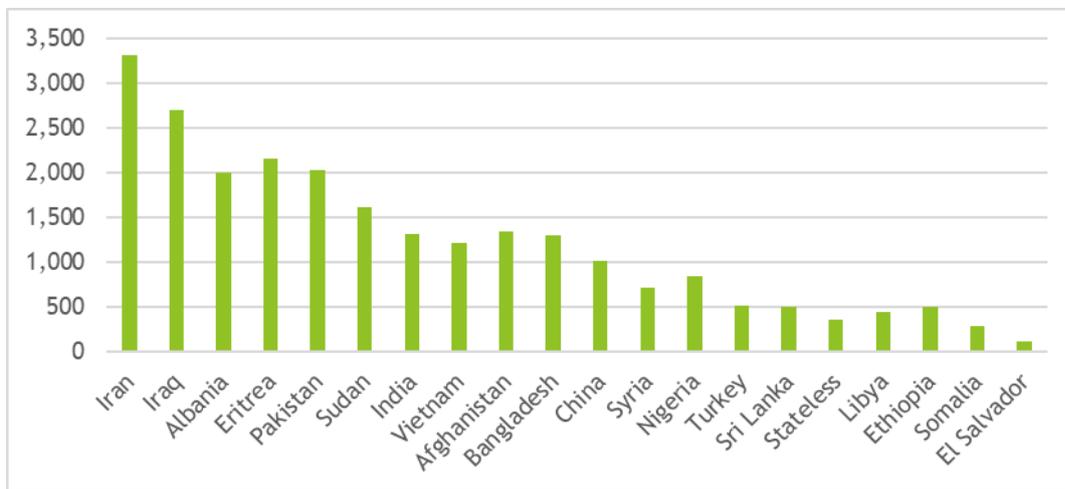
The Designated Nurse and health team have been involved in producing the new care leaver offer for Peterborough Children with Children’s Social Care and have provided the relevant health signposting and information. This has recently been finalised and will be available on the website.

## Unaccompanied Asylum-Seeking Children

Local Authority	0.07% Threshold	UASC Population	Leaving Care Population
Peterborough	33	27	51

4.6 Taken from East of England Strategic Migration Partnership

UASC Country of Origin



National Asylum and Resettlement Stats – Year Ending June 2019

## Health Issues for UASC

- ▶ Mental Health
- ▶ Sleep disturbances impacting on mental health
- ▶ Trauma
- ▶ Lack of uncertainty around status

- ▶ Skin related issues
- ▶ TB
- ▶ Injuries arising out of Libya and journey
- ▶ Organ harvesting
- ▶ Dubs and VCRS cases – more health needs

All unaccompanied minors in Peterborough are registered with a GP when they arrive. A detailed initial health assessment of physical, mental and emotional health is conducted by a paediatrician with an interpreter present. For most of these young people there is little background health information available. Young people will have travelled via a variety of routes, through different countries and may have been exposed to a variety of health risks. Young people are often referred from the initial assessment for psychology, counselling or Child and Adolescent Mental Health Services. Young people are offered blood borne virus screening and catch up immunisations.

### **Blood borne virus screening for new in care Unaccompanied Asylum-Seeking Children (UASC)**

A task and finish group chaired by the Consultant in Public Health has met to secure agreement for longer term funding for blood borne virus screening. Young people are now referred for appropriate screening following the initial health assessment. Sexual health screening including hepatitis and HIV is conducted by sexual health services, in addition they conduct a full blood count for each young person. This will not only highlight any blood abnormalities such as anaemia but will indicate where a young person may have contracted a parasitic infection. Screening for Tuberculosis is conducted by current TB services. Consent will be taken by the services and young people will be asked to return for a further appointment if results are positive.

The operational pathway was agreed with all stakeholders including public health, social care, Children in Care health teams, sexual health services, TB services and commissioners in March 2019. The pathway includes referral, translation, support for the young person to attend the appointments and reporting of results.

Regular operational check in meetings have been agreed by all stakeholders to review the pathway and gather data regarding the prevalence of blood borne viruses, TB and anaemia in this population.

### **Sleep packs for Unaccompanied Asylum-Seeking Children (UASC)**

Attached is a presentation regarding sleep packs for Unaccompanied Asylum-Seeking Children. This project was developed by the Peterborough health team and funded by the Head to Toe charity (CPFT).

The team have also developed country specific sheets for use by the paediatricians. These explain life and culture in individual countries that UASC originate from.

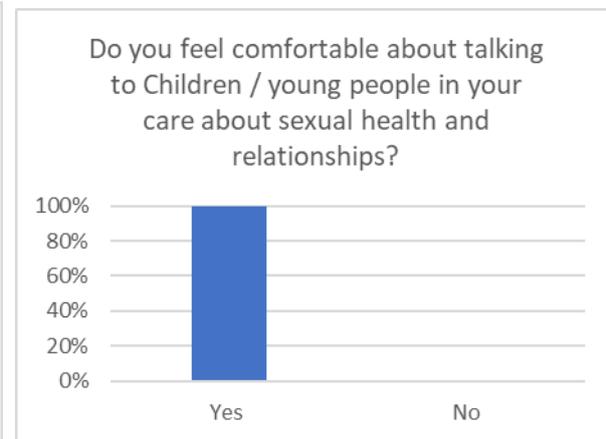
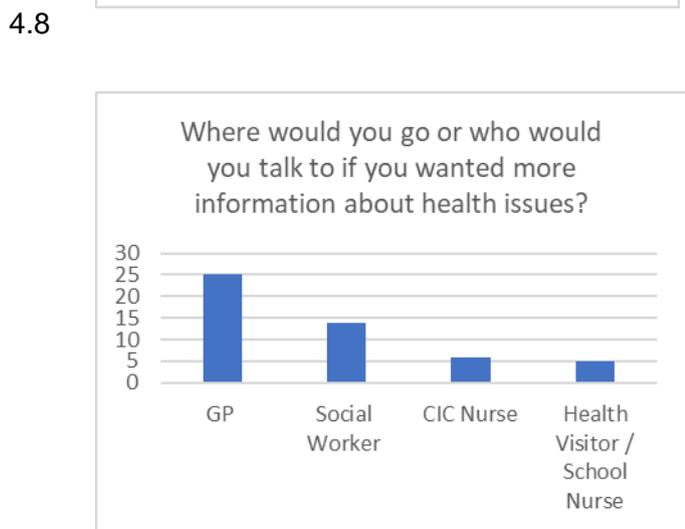
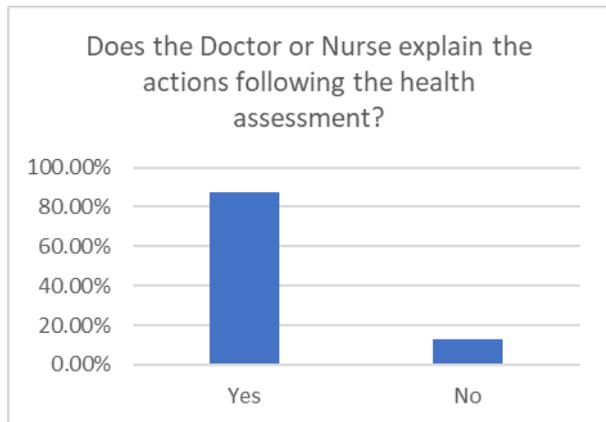
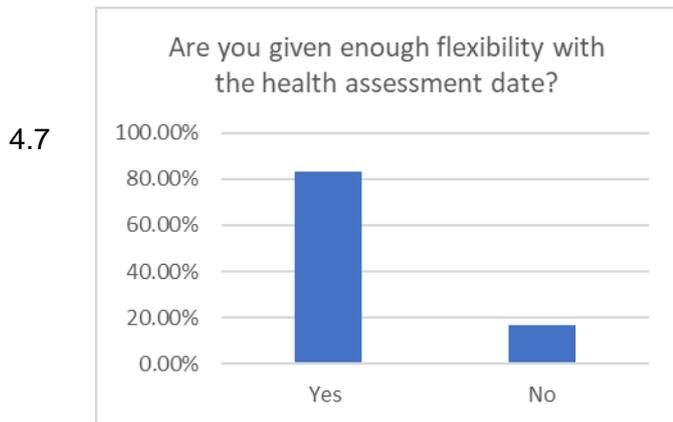
### **Substance misuse**

The Designated Nurse has met with the lead for substance misuse at Aspire. Aspire have updated their

referral paperwork to collect data regarding the number of Children in Care being referred. Staff from the substance misuse services are liaising with the specialist Children in Care (CIC nurses) about attending health clinics for Children in Care to provide advice and support regarding substance misuse.

**TACT Foster Carer’s survey 2018**

Several health-related questions were asked as part of a larger survey. These answers will help us plan how to communicate and support foster carers and other health professionals.



How can we support you to ensuring children and young people in care your care know how to be healthy (e.g. healthy eating, physical activity, smoking cessation, alcohol and drugs, contraception and STI avoidance etc)?

Attached as an appendix

**5. CONSULTATION**

N/A

**6. ANTICIPATED OUTCOMES OR IMPACT**

6.1 To improve health and well-being for Looked after Children by ensuring adequate assessment of health and addressing areas where there may be a lack of provision.

**7. REASON FOR THE RECOMMENDATION**

7.1 Corporate Parenting Committee have requested a health update at all formal committees.

**8. ALTERNATIVE OPTIONS CONSIDERED**

8.1 N/A

**9. IMPLICATIONS**

**Financial Implications**

9.1 N/A

**Legal Implications**

9.2 N/A

**Equalities Implications**

9.3 N/A

**Rural Implications**

9.4 N/A

**10. BACKGROUND DOCUMENTS**

Used to prepare this report, in accordance with the Local Government (Access to Information) Act 1985

10.1 None

**11. APPENDICES**

11.1 Appendix 1 – Wallet Sized Passport

Appendix 2 – Leaving Care Summary

Appendix 3 – Personal Health Summary

Appendix 4 – Unaccompanied Asylum Seeking Children – Sleep Pack Presentation

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## Health Passport

**Medical conditions/health professionals involved**  
*Diabetes Type 2*

**Allergies**  
Penicillin, Nuts, Strawberries, Kiwis, Apples

**Medication**  
*Warfarin*

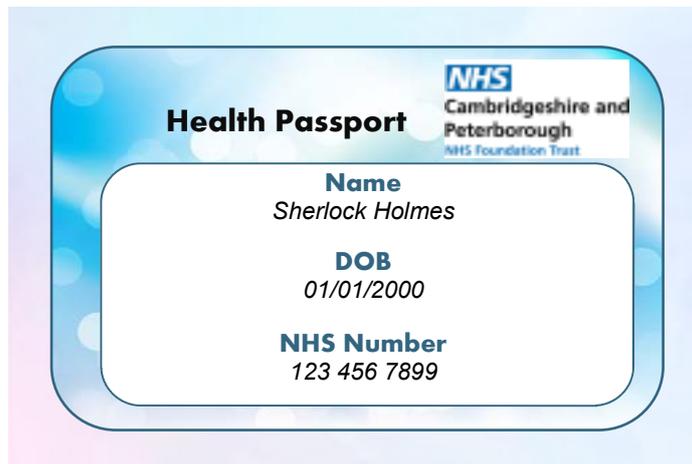
**Immunisation Status**  
*Up to date*

**GP Name/Number**  
*Dr Molly Hooper, St Bart's Medical Centre*

**Dentist Name/Number**  
*Mrs Hudson, Baker Street Dental Practice*

**Optician Name/Number**  
*Mr Moriarty, 221b Opticians*

Your full leaving care passport will be on your GP records and you can request a copy at any time.  
Please see the Family Information Service/Peterborough Local Offer for care leavers for general health information and local /national website links.



## Leaving Care Health Assessment/Passport

**Name of Child:** <Forename> <Surname>      **DOB:** <Date of birth>      **NHS No:** <NHS number>

**Date of Consultation:**

**Staff member you saw:**

<Health Assessment (Over 11 years) (1 - Health Assessment for Looked After Child (Over 11 Yrs) > 1.1 - Health assessment > Assessor: - Answer)>

**Registered GP Details:**

<Registered GP address>

**Immunisations Received:**

<Childhood Immunisations Grid(table)>

**Any further Information/Vaccinations required:**

<Health Assessment (Over 11 years) (1 - Health Assessment for Looked After Child (Over 11 Yrs) > 1.2 - General Health Information > Any further information: - Answer)>

**Birth History:**

Place of birth:  
Birth weight:  
Time of birth:  
Apgars:  
Guthrie:  
Newborn hearing screen:

**Family History:**

Any mental health concerns:  
Family medical history:



**Previous Health History:**

Reason for coming into care:  
Previous health conditions:  
Childhood medical issues:

**Present Physical Health & any Concerns** *(please comment)*

Any current physical health concerns?:  
A&E or GP attendances in last year?  
Any worries or concerns about health?  
Discuss knowledge of making health appointment and accessing health services in adulthood.  
Discuss useful websites.

**Height/ Cent:**

**Weight / Cent:**

**BMI:**

**Head Circumference/Cent:**

<Latest Height>

<Latest Weight>

<Latest BMI>

**Dental:** *Date of last examination and any concerns (please comment)*

When last seen and where:  
When next due for check up:  
How to access dental surgeries when moving: NHS choices

**Vision:** *Date of last examination, & any concerns (please comment)*

When last seen:  
Any concerns:  
When next due for check up:  
How to access optician services in the future.



**Hearing: Date of last examination, & any concerns (please comment)**

Any concerns:  
Newborn hearing screen date and results:

**Any Allergies/Medications: (please comment)**

Any allergies?  
Any follow up?  
  
Current medication: Discuss use and how to access repeat prescriptions.

**Emotional / Behavioural Development: (please comment)**

Assess current mental health 0-10 for mood.  
SDQ to be completed:  
Discuss counselling services and websites available to young adults locally and nationally:  
Assess risk as appropriate.  
Any history of self harm / mental health illness?

**Strengths and Difficulties Questionnaire: (please comment)**

Complete at appointment

**Present Education & Any Concerns (please comment)**

Current education:  
Plans for the future:



**Lifestyle:**

Sexual health: Current sexual activity Contraception, STI's, contraception. Sexual health risk assessment as required.  
 CSE / Gang exploitation discussion / assessment if required.  
 Smoking advice: Smoking cessation advice – signpost – health implications.  
 Drug discussion: CASUS screening tool as required. Refer as required.  
 Alcohol assess: CASUS screen as required. Refer as required.

**Identified Health Needs / Professional Opinion (please comment)**

Summary of above list here.

Give Personnal Health Summary Booklet – Explain use and go through contents as time allows. Give iCASH card, local services list and useful websites list for mental health services in early adulthood. Disuss 999, 111 GP A&E and WIC services.

Ensure that young person is given a copy of their health passport when completed. Check address and if happy for it to be sent to that address in the post. Confidentiality discussion.

**Action Plan**

Health Action:	Person Responsible:

**Assessed by / Designation: (please print)**

**Address / Email / Phone No:**

Winchester Place  
 80 Thorpe Road  
 Peterborough  
 PE3 6AP



Email: [cpm-tr.peterboroughcic@nhs.net](mailto:cpm-tr.peterboroughcic@nhs.net)  
Tel: 01733 777962

**Signature Designated CIC Nurse / Doctor:**

**Copies to: Please indicate**

Childrens Social Care (To Share with Parent/Carer as appropriate)	
GP	



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# Personal Health Summary



**NHS**

Cambridgeshire and Peterborough  
Clinical Commissioning Group



## **What is a Personal Health Summary booklet?**

This booklet holds personal and private information about your health history. It is very important that you look after it and try not to lose it because other people could know your personal information. It also contains information about different medical people who help you. There is a section where you can update or edit any of the information if you want to. This booklet also provides a quick reference guide to local services that you may find useful. A glossary is included which explains some of the common health illnesses/conditions that you may experience or may want to find a bit more information about.

## **What to do if you lose this booklet**

Your GP and Social Worker will hold a copy of your personal health summary. You can contact them and arrange to obtain a copy or speak to your Personal Advisor.

# Contents

- What is a Personal Health Summary booklet?.....3
- What to do if you lose this booklet.....3
- Personal Health Summary.....5
- Information about your doctor (GP).....6
- Information about your dentist .....6
- Information about your orthodontist.....8
- Information about your optician .....9
- Information services to support you .....11
- Glossary .....13
- Notes page .....19

# Personal Health Summary

You should have received a Personal Health Summary following your last Review Health Assessment with the nurse. The plastic wallet inside the cover of this booklet is for you to keep this summary safe. If you have not received a copy of your Personal Health Summary and would like a copy, please speak to the Looked After Children Health Team on  your GP or your Personal Adviser.



Below you can add information about your next of kin. Your next of kin is a person who you would want to be contacted in case of an emergency.

Next of kin 1	
Name:	
Address:	
Relationship:	
Contact number:	
Next of kin 2	
Name:	
Address:	
Relationship:	
Contact number:	
Next of kin 3	
Name:	
Address:	
Relationship:	
Contact number:	

# Information about your doctor (GP)



Below you can add your doctor's name, address and telephone number and then add different details whenever it changes. This will help if you need to register with a new GP surgery.

Doctor 1:
Name:
Telephone number:
Address:

Doctor 2:
Name:
Telephone number:
Address:

Doctor 3:
Name:
Telephone Number:
Address:

# Information about your dentist

You can receive free dental treatment if, when the treatment starts, you are:

- ◆ age under 18 years old
- ◆ under 19 years old and receiving full-time education
- ◆ pregnant or have had a baby in the previous 12 months.

You do not have to pay if, during the course of the treatment, you receive:

- ◆ Income support
- ◆ Income-based Jobseeker's Allowance
- ◆ Income-related Employment and Support Allowance, or
- ◆ Universal Credit

You should visit your dentist around every six months. The longer you delay seeing your dentist for a check-up the more likely it is that you may need treatment.



Below you can add information about your dentist. This will help when you register with a new dentist in future.

### Dentist 1:

Name:

Telephone number:

Address:

### Dentist 2:

Name:

Telephone number:

Address:

### Dentist 3:

Name:

Telephone number:

Address:

# Information about your orthodontist

Orthodontists can help straighten your teeth and move them into a better position to improve their position and how they look and function.

Most orthodontic treatments are available free on the NHS for people under 18 who need them. Treatment is also available on the NHS at the standard charge for complex dental treatment for adults who need it. However, adults who want orthodontic treatment to fix minor cosmetic problems are not eligible for NHS treatment.



Below you can add information regarding your orthodontist. This will help when you register with a new dentist in future.

## Orthodontist 1:

Name:

Telephone number:

Address:

## Orthodontist 2:

Name:

Telephone number:

Address:

## Orthodontist 3:

Name:

Telephone number:

Address:

# Information about your optician

You qualify for a free NHS-funded eye test if you:

- ◆ are aged under 16 years
- ◆ are aged 16-18 and are in full-time education
- ◆ are registered as partially sighted or blind
- ◆ have been diagnosed with diabetes or glaucoma
- ◆ have been advised by an ophthalmologist (eye doctor) that you're at risk of glaucoma
- ◆ are eligible for an NHS complex lens voucher
- ◆ receive Income Support
- ◆ receive income-based Jobseeker's Allowance
- ◆ receive income-based Employment and Support Allowance
- ◆ are awarded Universal Credit
- ◆ are entitled to, or named on, a valid NHS tax credit exemption certificate
- ◆ are named on a valid NHS certificate for full help with health costs (HC2). People named on an NHS certificate for partial help with health costs (HC3) may also get help.



Below you can add information regarding your optician. This will help when you register with a new optician in future.

## Optician 1

Name:

Telephone number:

Address:

Date of registration:

## Optician 2

Name:

Telephone number:

Address:

Date of registration:

### Optician 3

Name:

Telephone number:

Address:

Date of registration:

## Immunisations/vaccinations

The purpose of immunisations/vaccinations is to protect you from a range of serious and potentially fatal diseases.

Vaccines work by making us produce antibodies to fight disease without actually infecting us with the disease. If you've had your vaccinations and then come into contact with the disease itself, your immune system will recognise it and immediately produce the antibodies it needs to fight it.

You can find out what vaccinations you have had so far by looking at your Personal Health Summary at the front of this booklet. If you have missed any of the childhood immunisations, or if you are not sure if you have had them, you should talk to your GP or Personal Adviser to arrange a catch up for these.

The NHS offers a range of different vaccinations that are given at different ages throughout your life and you can look at the timeline at:

[www.nhs.uk/conditions/vaccinations/pages/vaccination-schedule-age-checklist.aspx](http://www.nhs.uk/conditions/vaccinations/pages/vaccination-schedule-age-checklist.aspx)

Please see the Glossary in this booklet for more information.

## Information services to support you

**999/112** are emergency numbers for ambulance, fire, police and rescue services including lifeguard and mountain rescue. **112** and **999** can be used from your mobile phone even when you do not have credit or if the phone is locked. They can also be used on pay phones.

**B-EAT** provides helplines for adults and young people offering support and information about eating disorders and difficulties with food, weight and shape. [www.b-eat.co.uk/support-services/helpline](http://www.b-eat.co.uk/support-services/helpline)

- ◆ Adult Helpline (open to anyone over 18): **0345 634 1414** or email [help@b-eat.co.uk](mailto:help@b-eat.co.uk)
- ◆ The Youth Line: **0345 634 7650** or email [fyp@b-eat.co.uk](mailto:fyp@b-eat.co.uk)

**Change4Life** information about improving your diet and staying fit and healthy. [www.nhs.uk/change4life](http://www.nhs.uk/change4life)

**ChildLine** a private and confidential service for children and young people up to the age of 19 years old. You can contact a ChildLine counsellor about anything that is worrying you. Call – **0800 11 11**

- ◆ 1-2-1 chat online [www.childline.org.uk/Talk/Chat/Pages/OnlineChat.aspx](http://www.childline.org.uk/Talk/Chat/Pages/OnlineChat.aspx)
- ◆ Email (to set up an account to send an counsellor an email) - [www.childline.org.uk/Talk/Pages/Email.aspx](http://www.childline.org.uk/Talk/Pages/Email.aspx)

**Citizens Advice Bureau** helps people resolve their legal, money and other problems by providing free information and advice. [www.citizensadvice.org.uk/](http://www.citizensadvice.org.uk/)

- ◆ Citizens Advice consumer helpline: **03454 04 05 06** (calls cost up to 9p from a landline, 3p-40p per minute from a mobile).

**FRANK** provides services for people who seek information and/or advice about drugs. [www.talktofrank.com/contact](http://www.talktofrank.com/contact)

- ◆ Confidential telephone number, available 24 hours a day: **0300 123 6600**

**Money Advice Service** free and impartial money advice.

- ◆ Call – **0800 138 7777**
- ◆ Web chat - [www.moneyadviceservice.org.uk/en](http://www.moneyadviceservice.org.uk/en)

**NHS 111** is the NHS non-emergency number. It's fast, easy and free. Call **111** when you need medical help fast but it's not a 999 emergency

**NHS Choices** [www.nhs.uk](http://www.nhs.uk) contains lots of information on different

health problems, including their causes and how to treat them, and it also has information on lots of different areas such as mental health or stopping smoking. You can also search for NHS services, like pharmacies, near you.

**Relate** – counselling support, and information for all relationships

◆ Call - **0300 100 1234**

**Samaritans** provides confidential non-judgmental emotional support, 24 hours a day, for people who are experiencing feelings of distress or despair, including those which could lead to suicide.

◆ [www.samaritans.org](http://www.samaritans.org)

◆ Call **116 123** (UK)

◆ Email [jo@samaritans.org](mailto:jo@samaritans.org)

**Sexual health** – Live Well – NHS Choices

◆ [www.nhs.uk/Livewell/Sexualhealth](http://www.nhs.uk/Livewell/Sexualhealth)

**Victim Support** support people affected by crime or traumatic events.

◆ Call **0808 1689 111**

◆ Request support online [www.victimsupport.org.uk/](http://www.victimsupport.org.uk/)

**Women's Aid** provides support/advice around domestic violence to women and their children.

◆ Freephone **0808 2000 247**

◆ Email - [helpline@womensaid.org.uk](mailto:helpline@womensaid.org.uk)

**Young Minds** charity committed to improving the emotional wellbeing and mental health of children and young people.

◆ Call - **020 7089 5050**

◆ Email - [ymenquiries@youngminds.org.uk](mailto:ymentquiries@youngminds.org.uk)

For a list of local services to support you, please see the information slip inside the back cover of this booklet.

# Glossary

## Immunisations/vaccinations

### 3-in-1 teenage booster

- ◆ Protects against: tetanus, diphtheria and polio.

Given at: 14 years.

### 4-in-1 pre-school booster

- ◆ Protects against: diphtheria, tetanus, whooping cough and polio.
- ◆ Given at: three years and four months of age.

### 5-in-1

- ◆ Protects against: diphtheria, tetanus, whooping cough, polio and Hib (Haemophilus influenzae type b).
- ◆ Given at: eight, 12 and 16 weeks of age.

### Children's flu vaccine

- ◆ Protects against: flu.
- ◆ Given at: annually as a nasal spray in September/October for ages two, three and four and children in primary school years One and Two.

### Hib/Men C (booster)

- ◆ Protects against: Haemophilus influenzae type b (Hib) and meningitis caused by meningococcal group C bacteria.
- ◆ Given at: one year of age.

### HPV vaccine (girls only)

- ◆ Protects against: cervical cancer.
- ◆ Given at: 12-13 years as two injections at least six months apart (but no more than 24 months apart).

### MMR vaccine

- ◆ Protects against: measles, mumps and rubella.
- ◆ Given at: one year and at three years and four months of age.

### Men ACWY vaccine

- ◆ Protects against: meningitis (caused by meningococcal types A, C, W and Y bacteria).

Given at: 14 years and new university students aged 19-25.

### **Men B vaccine (new vaccine)**

- ◆ Protects against: meningitis (caused by meningococcal type B bacteria).
- ◆ Given at: eight weeks, 16 weeks and one year of age

### **Men C vaccine**

- ◆ Protects against: meningitis (caused by meningococcal type C bacteria)
- ◆ Given at: 12 weeks of age.

### **Pneumococcal or pneumo jab (PCV)**

- ◆ Protects against: some types of pneumococcal infection.
- ◆ Given at: eight weeks, 16 weeks and one year of age.

### **Rotavirus vaccine**

- ◆ Protects against: rotavirus infection, a common cause of childhood diarrhoea and sickness.
- ◆ Given at: eight and 12 weeks of age.

## **Other vaccinations available depending on your medical needs**

These vaccinations are offered on the NHS in addition to the routine programme to “at-risk” groups of babies and children.

### **BCG (tuberculosis) vaccination**

- ◆ Protects against: tuberculosis (TB).
- ◆ Who needs it: babies and children who have a high chance of coming into contact with tuberculosis.
- ◆ Given: from birth to 16 years of age.

### **Chickenpox vaccination (varicella)**

- ◆ Protects against: chickenpox
- ◆ Who needs it: siblings of children who have weaker immune systems and are more likely to get chickenpox, for example, because they’re having cancer treatment or have had an organ transplant.
- ◆ Given: from one year old upwards. One dose for children from one year to 12 years old and two doses are given four to eight weeks apart for children aged 13 years or older.

### **Flu vaccination**

- ◆ Protects against: flu
- ◆ Who needs it: children with certain medical conditions or a weakened immune system, which may put them at risk of

complications from flu.

- ◆ Given: for children between the ages of six months and two years as a single jab every year in September/November. For children aged two to 17 years of age as a nasal spray every year in September/November.

### **Hepatitis B vaccination**

- ◆ Protects against: hepatitis B.
- ◆ Who needs it: children at high risk of exposure to hepatitis B, and babies born to infected mothers.
- ◆ Given: at any age, as four doses are given over 12 months. A baby born to a mother infected with hepatitis B will be offered a dose at birth, one month of age, two months of age and one year of age.

## **General health conditions**

**Acne:** is a common skin condition that affects most people at some point. It causes spots, oily skin and sometimes skin that's hot or painful to touch. Even mild cases of acne can cause distress. If your acne is making you feel very unhappy, or you can't control your spots with over-the-counter medication, see your GP.

**Asthma:** is a common long-term condition that can cause coughing, wheezing, chest tightness and breathlessness. The severity of these symptoms varies from person to person. Asthma can be controlled well in most people most of the time, although some people may have more persistent problems. Occasionally, asthma symptoms can get gradually or suddenly worse and this is known as an asthma attack. Speak to your GP if you think you may have asthma. You should also talk to your doctor or asthma nurse if you have been diagnosed with asthma and you are finding it difficult to control your symptoms.

**Common cold:** is a mild infection of the nose, throat and sinuses. It's very common and usually clears up on its own within a week or two. Many painkillers and decongestants are available from pharmacies without a prescription. Speak to a pharmacist who can help you.

**Diabetes:** is a long-term condition which is caused by too much glucose (sugar) in the blood. There are two types of diabetes: type 1 and type 2. People with type 1 diabetes need insulin to help control their blood sugar whilst people with type 2 can manage this with living and eating healthily, although some may also need tablets at some point in their life.

**Eczema:** is a skin problem that causes the skin to become itchy, red, dry and cracked. It is a long-term condition in most people, although it can improve over time, especially in children. Many different treatments can be used to control symptoms and manage eczema. \ Speak to your local pharmacist or doctor for advice.

**Epilepsy:** is a condition that affects the brain and causes repeated seizures. Epilepsy is most often diagnosed after you have had more than one seizure. This is because many people have a one-off epileptic seizure during their lifetime. For most people with epilepsy, treatment with medications called anti-epileptic drugs (AEDs) is recommended. These medications cannot cure epilepsy, but they are often very effective in controlling seizures.

## Sexual health

**Acquired Immunodeficiency Syndrome (AIDS):** is the final stage of an HIV infection, when your body can no longer fight life-threatening infections

**Chlamydia:** is the most common sexually transmitted infections (STI) in the UK and is easily passed on during sex. Most people don't experience any symptoms, so they are unaware they're infected. Diagnosing chlamydia is done with a urine test or by taking a swab of the affected area. The infection is easily treated with antibiotics but can lead to serious long-term health problems if left untreated, including infertility.

**Emergency hormonal contraception:** is also known as the morning after pill and can prevent pregnancy after unprotected sex or if your contraceptive method has failed – for example, a condom has split or you've missed a pill. There are two types: one that can be taken up to 72 hours (three days) after sex and another that can be taken 120 hours (five days) after sex. Emergency contraception does not protect against STIs. You can get contraception at most GP surgeries, sexual health clinics, community contraception clinics and some pharmacies.

**Genital herpes:** is a common infection caused by the herpes simplex virus (HSV), which is the same virus that causes cold sores. Some people develop symptoms of HSV a few days after coming into contact with the virus. Small, painful blisters or sores usually develop, which may cause itching or tingling or make it painful to urinate. After you've been infected, the virus remains inactive most of the time. However, certain triggers can reactivate the virus, causing the blisters

to develop again although they're usually smaller and less painful. It's easier to test for HSV if you have symptoms. Although there's no cure for genital herpes, the symptoms can usually be controlled using antiviral medicines.

**Genital warts:** are small fleshy growths, bumps or skin changes that appear on or around your genital or anal area. They're caused by the human papilloma virus (HPV) and are the second most common STI in England after chlamydia. You don't need to have penetrative sex to pass the infection on because HPV is spread by skin-to-skin contact. Several treatments are available for genital warts, including creams and freezing the warts (cryotherapy).

**Gonorrhoea:** is a bacterial STI easily passed on during sex. About 50% of women and 10% of men don't experience any symptoms and are unaware they're infected. Gonorrhoea is diagnosed using a urine test or by taking a swab of the affected area. The infection is easily treated with antibiotics, but can lead to serious long-term health problems if left untreated, including infertility.

**Human Immunodeficiency Virus (HIV):** is most commonly passed on through unprotected sex. It can also be transmitted by coming into contact with infected blood – for example, sharing needles to inject steroids or drugs. A simple blood test is usually used to test for an HIV infection. Some clinics may also offer a rapid test using a finger-prick blood test or saliva samples.

**Pubic lice ('crabs'):** are easily passed to others through close genital contact. They're usually found in pubic hair, but can live in underarm hair, body hair, beards and occasionally eyebrows or eyelashes. Pubic lice can usually be successfully treated with special creams or shampoos available over the counter in most pharmacies or from a GP or genitourinary medicine (GUM) clinic. You don't need to shave off your pubic hair or body hair.

**Scabies:** is caused by tiny mites that burrow into the skin. It can be passed on through close body or sexual contact, or from infected clothing, bedding or towels. Scabies can usually be successfully treated using special creams or shampoos available over the counter in most pharmacies, or from a GP or GUM clinic.

**Sexually transmitted infections:** are passed from one person to another through unprotected sex or genital contact. You can be tested for STIs at a sexual health clinic, GUM clinic or GP surgery.

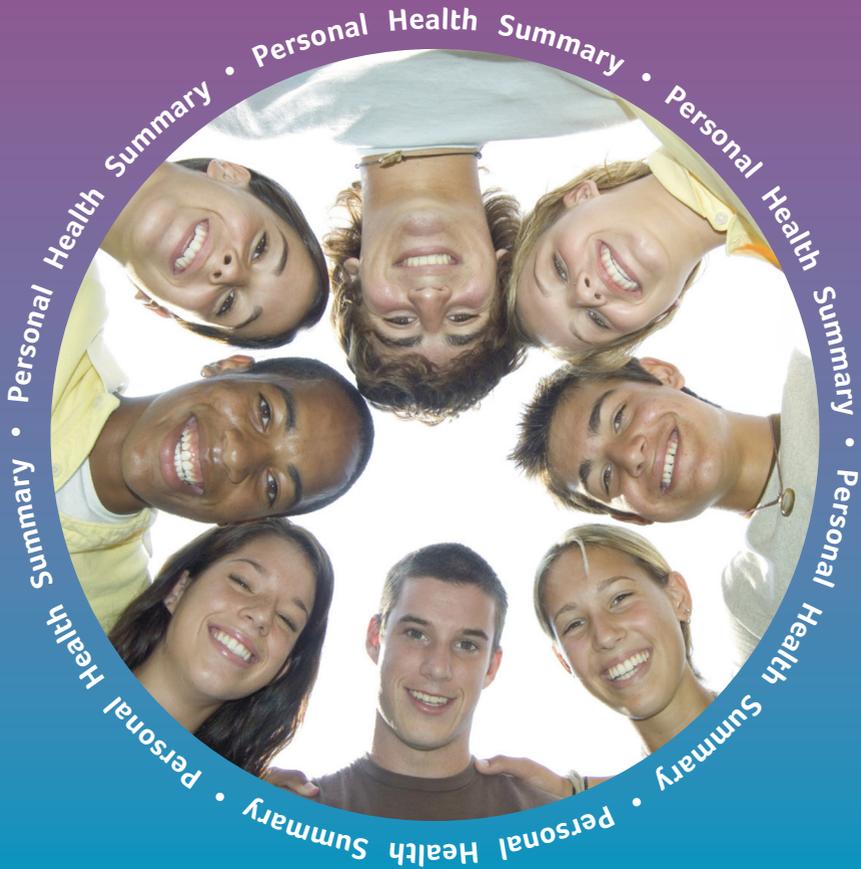
**Syphilis:** is a bacterial infection that, in the early stages, causes a painless, but highly infectious, sore on your genitals or around the mouth. The sore can last up to six weeks before disappearing. The symptoms of syphilis can be difficult to recognize. Secondary symptoms such as a rash, flu-like illness or patchy hair loss may then develop. A simple blood test can usually be used to diagnose syphilis at any stage. The condition can be treated with antibiotics, usually penicillin injections.

**Trichomoniasis:** is an STI caused by a tiny parasite called Trichomonas Vaginalis (TV). It can be easily passed on through sex and most people don't know they're infected. Trichomoniasis can sometimes be difficult to diagnose and your GP may suggest you go to a specialist clinic for a urine or swab test. Once diagnosed, it can usually be treated with antibiotics.

For further information on STIs, please visit the NHS Choices website: [www.nhs.uk/Conditions/Sexually-transmitted-infections/Pages/Introduction.aspx](http://www.nhs.uk/Conditions/Sexually-transmitted-infections/Pages/Introduction.aspx)

If you are prescribed antibiotics for any of the illnesses or infections listed, it is **very important** that you complete the course and **do not** stop taking them when you start feeling better.





Produced by the Safeguarding Team  
NHS Cambridgeshire and Peterborough Clinical Commissioning Group (CCG)

Ref: Personal Health Summary LAC - June 2016



Cambridgeshire and  
Peterborough

NHS Foundation Trust

Children in Care Team

**UNACCOMPANIED ASYLUM  
SEEKING CHILDREN**  
FUNDING FOR SLEEP PACKS PITCH



# CONTEXT

- UASC may have experienced severe hardships and trauma on their journey to the UK, this can have adverse affects on their sleeping patterns

Possible reasons include:

- The need to be awake at night for safety reasons as it is safer to sleep during day light
- Traffickers operate mostly at night-time
- Attempts to board trucks usually occurs at night

# Sleep in numbers



**annual cost**  
of lost sleep  
to the UK<sup>1</sup>

**200,000** working days lost



in UK every year to  
insufficient sleep<sup>1</sup>



**1 in every 3**

people in the UK are  
affected by insomnia<sup>3</sup>

**Better sleep**

is the biggest  
single contributor  
to living better<sup>6</sup>



We naturally feel  
tired at two different  
times of the day:

2pm



2am

Health risks:



Adults who sleep fewer  
than **6 hours** a night have a  
**13% higher mortality risk**  
than adults who sleep  
at least 7 hrs<sup>1</sup>



Adults who sleep less  
than **7 hours** a day are  
**30% more likely to be obese**  
than those who  
sleep for 9 hours or more<sup>4</sup>

Working **night shifts**  
has about a **25-30%**  
**higher risk of injury**  
than working day shifts<sup>7</sup>



**3.2**  
million

night workers  
in the UK<sup>5</sup>

And **1 in 9** workers  
who work night shifts<sup>5</sup>



Adults **need**  
between

**7 & 9**

hours of  
sleep a night<sup>2</sup>



We spend about  
**1/3 of our**  
lives sleeping

# WHAT WE PROPOSE

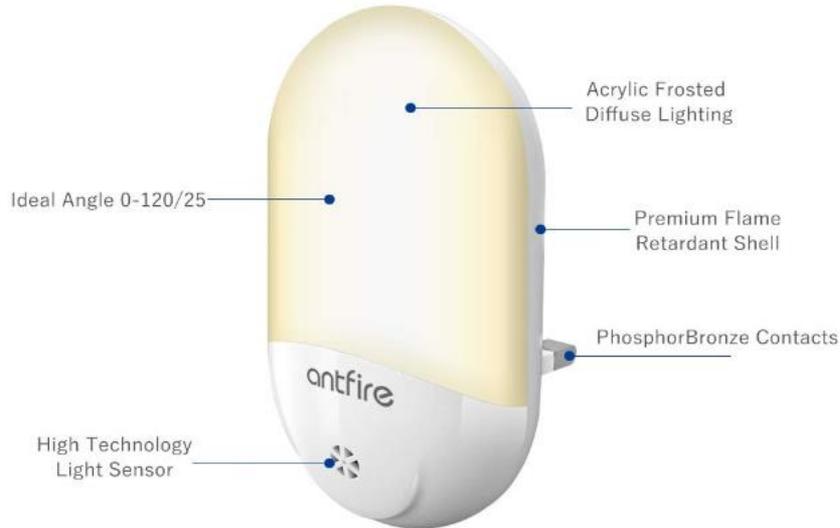
A sleep pack for all UASC who come to us in clinic for an assessment.

The sleep pack would contain the following items:

1. Nightlight
2. Earplugs
3. Eye Mask
4. Camomile Tea
5. Tissues
6. Stress Ball
7. Pen and notepad
8. Water bottle

# NIGHTLIGHT

## High Technology Intelligent Sensing



Energy Saving



Fireproof



CE Certification

Many UASC have a fear of the dark and this simple but effective nightlight can help with this.

Link:

[https://www.amazon.co.uk/Antfire-Plug-Night-Light-Play/dp/B07L3Q6D38/ref=sr\\_1\\_28?keywords=nightlight&qid=1557483791&s=gateway&sr=8-28](https://www.amazon.co.uk/Antfire-Plug-Night-Light-Play/dp/B07L3Q6D38/ref=sr_1_28?keywords=nightlight&qid=1557483791&s=gateway&sr=8-28)

# Earplugs

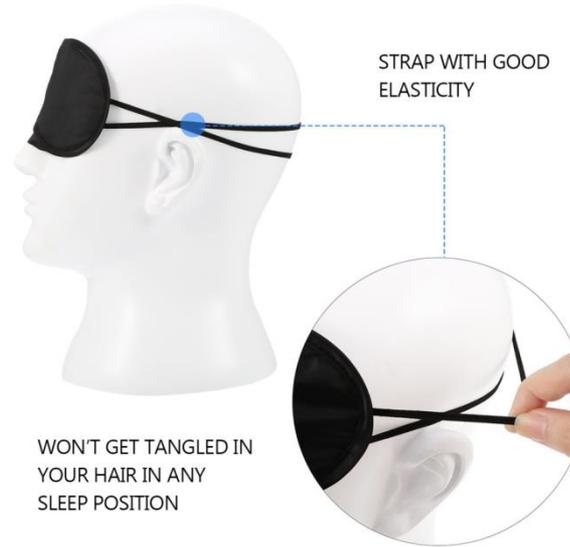


Earplugs are a good way of blocking out unwanted noises that can hinder a good nights sleep.

[HTTPS://WWW.AMAZON.CO.UK/MOLDEX-7800-SPARK-PLUGS-20-BAGGED-PAIRS/DP/B07HQHSL9H/REF=LP\\_1939564031\\_1\\_8?S=DIY&IE=UTF8&QID=1558522306&SR=1-8&TH=1](https://www.amazon.co.uk/moldex-7800-spark-plugs-20-bagged-pairs/dp/b07hqhsl9h/ref=lp_1939564031_1_8?s=diy&ie=utf8&qid=1558522306&sr=1-8&th=1)

# Eye Mask

63

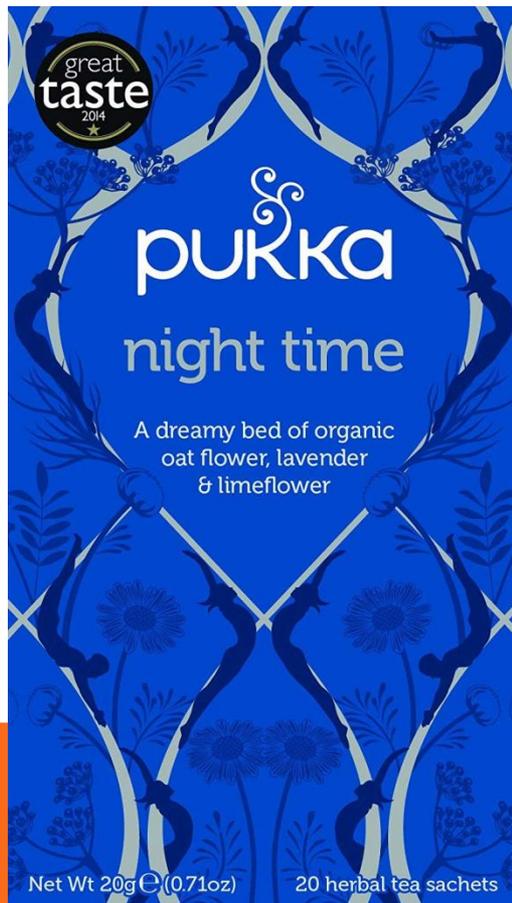


Our bodies are hard-wired to sleep when it's dark, and a good quality sleep mask can make all the difference, especially when a night light is used at the same time. The nightlight can provide feelings of safety as it illuminates a room but the eye mask can create the darkness needed for a good sleep.

## LINK:

[HTTPS://WWW.AMAZON.CO.UK/SLEEPING-BLINDFOLD-SHADE-ADJUSTABLE-TRAVEL/DP/B0779SCHYQ/REF=SR\\_1\\_13?CRID=X6BTG29Z2U5U&KEYWORDS=EYE+MASK+BULK&QID=1557484292&S=GATEWAY&SPREFIX=EYE+MASK+BU%2CAPS%2C134&SR=8-13](https://www.amazon.co.uk/sleeping-blindfold-shade-adjustable-travel/dp/B0779SCHYQ/ref=SR_1_13?crid=X6BTG29Z2U5U&keywords=eye+mask+bulk&qid=1557484292&s=gateway&sprefix=eye+mask+bu%2caps%2c134&sr=8-13)

# CHAMOMILE TEA

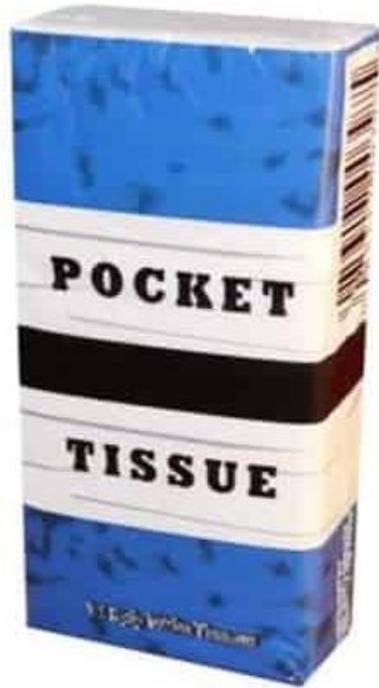


For years, chamomile tea has been used as a natural remedy to decrease anxiety and treat insomnia. In fact, chamomile is commonly regarded as a mild tranquilizer or sleep inducer. Its calming effects may be attributed to an antioxidant called apigenin, which is found in abundance in chamomile tea.

**Naturally caffeine-free and ethically sourced, 100% organically grown ingredients:** Oat flowering tops (30%), licorice root, chamomile flower, lavender flower (14%), limeflower (10%), valerian root, green Rama tulsi leaf.

28% FairWild™ certified ingredients (licorice) by dried weight.  
Visit [www.fairwild.org](http://www.fairwild.org)

# TISSUES



Always handy!

# Stress Ball



Though squeezing a stress ball is not a long term solution for stress, it can help your body to release tension in the moment. The motion acts as a reminder to relax the muscles that are clenched when you're anxious, which can help avoid complications like headaches or pain that accompany long periods of tensing.

66



LINK:

[HTTPS://WWW.AMAZON.CO.UK/SOURCETON-ROUND-SHAPE-STRENGTHENING-REHABILITATION-STRENGTHENER/DP/B07JDJLPR6/REF=SR\\_1\\_4\\_SSPA?CRID=26PM4ZFEGRG60&KEYWORDS=STRESS+BALL&QID=1557485059&S=GATEWAY&SPRE FIX=STRESS+BALL%2CGROCERY%2C131&SR=8-4-SPONS&PSC=1](https://www.amazon.co.uk/sourceton-round-shape-strengthening-rehabilitation-strengthener/dp/b07jdlpr6/ref=sr_1_4_sspa?crid=26pm4zfegrp60&keywords=stress+ball&qid=1557485059&s=gateway&sprefix=stress+ball%2cgrocery%2c131&sr=8-4-spons&psc=1)

# PEN AND NOTEPAD



For writing down thoughts etc.

# WATER BOTTLE



Always good to stay hydrated!

# A RANGE OF HELPFUL LEAFLETS

We will also include a range of leaflets in the pack, sleep related and also for general information

## WHY SLEEP IS SO IMPORTANT

### EFFECTS OF POOR SLEEP

Regular poor sleep puts you at risk of serious medical conditions, including obesity, heart disease and diabetes – and it shortens your life expectancy.

### HOW MUCH SLEEP DO WE NEED?

Most of us need around 8 hours of good-quality sleep a night to function properly – but some need more and some less. What matters is that you find out how much sleep you need and then try to achieve it.

### WHAT HAPPENS IF I DON'T SLEEP?

Chronic lack of sleep can affect your overall health and make you prone to serious medical conditions, such as obesity, heart disease, high blood pressure and diabetes.

### WAYS IN WHICH A GOOD NIGHT'S SLEEP CAN BOOST YOUR HEALTH

- Sleep can give you more energy
- Sleep boosts immunity
- Sleep boosts mental wellbeing
- Sleep can help to prevent diabetes
- Sleep can help ward off heart disease
- Sleep reduces stress and anxiety
- Sleep can help avoid depression

## SLEEP HYGIENE

A good sleep routine can help with long-term sleep difficulties. This routine is known as sleep hygiene. Good sleep hygiene is an important part of treating sleep difficulties.

### Sleep Hygiene Tips

- 1 REGULARITY**  
It is really helpful to go to sleep at the same time each night and wake up at roughly the same time every morning, even on weekends! This will create a rhythm for your body and will make it easier for you to get through your day.
- 2 WHEN YOU ARE SLEEPY - SLEEP!**  
Rising when you're tired in the middle of the night will make it harder for you to get back to sleep.
- 3 CAFFEINE & NICOTINE**  
Try not to consume any caffeine (tea, coffee, energy drinks etc) or any nicotine (cigarettes, e-cigs) 4-6 hours before going to bed.
- 4 ENVIRONMENT**  
A quiet and comfortable bedroom can help with your sleep. A cooler room temperature with blackout or a more comfortable way of sleeping (pillows and a nice mattress) can also help.
- 5 AVOID ALCOHOL**  
Alcohol disrupts the quality of sleep you have and it is best to avoid it at least 4 hours before bed.
- 6 YOUR BED IS FOR SLEEPING**  
Try to use your bed only for sleeping. Your body will create an association between your bed and sleep in this way. Avoid watching TV, going on your phone, playing games or going on your laptop on your bed.
- 7 RELAXING**  
You can try using some relaxation techniques and breathing exercises before sleeping. You can even have a cup of chamomile tea to help you relax.
- 8 HAVE A BATH**  
Having a hot bath before bedtime can help you to fall asleep.
- 9 FOOD**  
A healthy, balanced diet can help with a good night's sleep. A big meal before bed can take a long time to digest, so eat lightly, and a light snack before bed can help. Certain foods can also help you to fall asleep better.
- 10 KEEP TRYING**  
If you can't fall asleep, try again after about 20 minutes. Get up and do something quiet, boring, then go back to bed and try to sleep again. Avoid going on your phone.

## MY SLEEP PACK



## TOMATO PASTA

**TITLE: TOMATO PASTA**

**PREP TIME: 5 MINS**

**TOTAL TIME: 30 MINS**

### INGREDIENTS

- 1 tsp vegetable oil
- 1 onion, finely chopped
- 1 garlic clove, finely chopped
- 1 400g tin of chopped tomatoes
- 2 tbsp tomato purée
- a pinch of mixed dried herbs
- pepper to taste
- 200g pasta

### METHOD

- Heat the oil in a pan.
- Cook the onion on a medium heat until soft.
- Add the garlic and cook for another minute. Make sure the pan is not too hot when you add the garlic, as it burns easily.
- Add the tin of chopped tomatoes, tomato purée and mixed herbs.
- Simmer gently for 15 minutes until the sauce is thick and rich.
- Add pepper to taste.
- Cook the pasta according to packet instructions, mix in with the sauce and serve topped with cheese if you like.

### TIPS

You can add vegetables, cooked chicken, quorn or anything else you want to the sauce to mix it up!

## BOILED RICE

**TITLE: OMELETTE**

**PREP TIME: 5 MINS**

**TOTAL TIME: 10 MINS**

### INGREDIENTS

- 3 Eggs
- 1 tablespoon olive oil
- 1 tablespoon butter
- salt and pepper

### TIPS

You can add any type of filling you like, for eg. cheese, peppers, tomatoes, mushrooms, smoked salmon etc.

### METHOD

- Melt the butter with the oil in a non stick frying pan
- Beat (mix) the eggs together with some salt and pepper (to taste)
- Pour the eggs into the hot pan and let sit for around 20 seconds
- With a spatula, make some cuts through the middle so the egg can cook evenly
- Slowly flip the omelette over and let it cook on the other side



# PACKAGING



A simple box to hold everything together!  
CPFT logo, Head to Toe logo and decorative stickers will be added.

Link:

[https://www.ebay.co.uk/itm/Plain-Coloured-Party-Boxes-Children-Kids-Food-Meal-Lunch-Gift-Birthday-Box-Bags/391903123832?\\_trkparms=aid%3D111001%26algo%3DREC.SEED%26ao%3D1%26asc%3D20180816085401%26meid%3D0fbce8c1575b4e5899ca1f1cf2837d84%26pid%3D100970%26rk%3D1%26rkt%3D1%26mehot%3Dpp%26sd%3D391903123832%26itm%3D391903123832&\\_trksid=p2481888.c100970.m5481&\\_trkparms=pageci%3Aa05d2def-7311-11e9-8083-74dbd1806310%7Cparentrq%3Aa15ef1f816a0ab640d39cfdffdec1dd%7Ciid%3A1](https://www.ebay.co.uk/itm/Plain-Coloured-Party-Boxes-Children-Kids-Food-Meal-Lunch-Gift-Birthday-Box-Bags/391903123832?_trkparms=aid%3D111001%26algo%3DREC.SEED%26ao%3D1%26asc%3D20180816085401%26meid%3D0fbce8c1575b4e5899ca1f1cf2837d84%26pid%3D100970%26rk%3D1%26rkt%3D1%26mehot%3Dpp%26sd%3D391903123832%26itm%3D391903123832&_trksid=p2481888.c100970.m5481&_trkparms=pageci%3Aa05d2def-7311-11e9-8083-74dbd1806310%7Cparentrq%3Aa15ef1f816a0ab640d39cfdffdec1dd%7Ciid%3A1)

# HOW MANY PACKS WILL BE NEEDED?

A total of 2,872 unaccompanied children sought asylum in 2018 in the UK.

From our data collected from previous years, we have come to a calculated estimate that we will need 50 packs for one year.

If there are any packs left over , they will be used the following year.

# PRICING

Item	Image	Price per Unit	Total for 50 packs
Nightlight		5.00	250.00
Earplugs		0.18	10.90 (60)
Eye mask		6.99 for 15	27.96 (60)
Camomile Tea		0.12	7.50 (60)
Tissues		0.10	7.50
Stress Ball		2.09 (10.49 for 5)	104.09
Presentation Box		0.28	13.99
Notepads		0.45	27.50 (60)
Pens		Free from Head to Toe 😊	
Water Bottle		Free From Head to Toe 😊	

Total: 449.44

72

Thank you  
for your  
time.

*Shamreen Bi & Jo Tennant*

Children in Care Team

Cambridgeshire and Peterborough   
NHS Foundation Trust

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<b>CORPORATE PARENTING COMMITTEE (FORMAL)</b>	AGENDA ITEM No. 7
<b>20 NOVEMBER 2019</b>	<b>PUBLIC REPORT</b>

Report of:	Wendi Ogle-Welbourn, Executive Director People and Communities Cambridgeshire and Peterborough Councils	
Cabinet Member(s) responsible:	Councillor Lynne Ayres, Cabinet Member for Children's Services	
Contact Officer(s):	Myra O'Farrell, Head of Corporate Parenting	Tel.01773 864391

## PEER REVIEW ACTION PLAN REVIEW REPORT

<b>R E C O M M E N D A T I O N S</b>	
<b>FROM:</b> Myra O'Farrell	<b>Deadline date:</b> 25.11.19
<p>It is recommended that the Corporate Parenting Committee:</p> <ol style="list-style-type: none"> <li>1. Note the action plan from the Children in Care Peer Review July 2019 and</li> <li>2. Raise any queries they have with lead officers</li> </ol>	

### 1. ORIGIN OF REPORT

- 1.1 This report is submitted to Corporate Parenting Committee following the peer review relating to children in care, Peterborough City Council.

### 2. PURPOSE AND REASON FOR REPORT

- 2.1 The purpose of this report is to share the action plan from the peer review undertaken by a neighbouring local authority in the eastern region summer 2019.

This report is to inform the committee of how the service will implement the actions suggested to continue to improve outcomes for children in care and care leavers as a group in Peterborough following the peer review.

The action plan offers includes the activity to date since the peer review, with progress against the action plan, deadlines for completion that will be completed in 2020.

- 2.2 This report is for Corporate Parenting Committee to consider under its Terms of Reference No. 2.4.4.6 To monitor the quality of care delivered by the City Council and review the performance of outcomes for children and young people in care.

### 3. TIMESCALES

Is this a Major Policy Item/Statutory Plan?	<b>NO</b>	If yes, date for Cabinet meeting	
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#### **4. BACKGROUND AND KEY ISSUES**

- 4.1 The peer review was the first in children's services since the OFSTED Inspection in 2017. The purpose was to review the progress of corporate parenting since the judgement of 'good' was made. Hertfordshire LA reviewed the Corporate parenting service focusing on key lines of inquiry identified by Peterborough for consideration. These are highlighted within the action plan.

#### **5. CONSULTATION**

- 5.1 N/A.  
5.2 None

#### **6. ANTICIPATED OUTCOMES OR IMPACT**

- 6.1 The peer review raised the issue of caseloads and management capacity as an area for senior officers to consider. This is being reviewed currently internally.

#### **7. REASON FOR THE RECOMMENDATION**

- 7.1 The recommendations are within the body of the action plan

#### **8. ALTERNATIVE OPTIONS CONSIDERED**

- 8.1 CIC has considered the recommendations by the peer reviewers and is implementing these as it is recognised they will support positive improvement in delivery of the service as a whole.

#### **9. IMPLICATIONS**

##### **Financial Implications**

- 9.1 At this time there are no identified financial implications.

##### **Legal Implications**

- 9.2 There are no legal implications to consider on this occasion

##### **Equalities Implications**

- 9.3 There are equality implications to consider within this report as this report does consider the specific needs of unaccompanied young people and how these could improve further when they become looked after within Peterborough.

##### **Any Other Implications**

- 9.4 This report and supporting documents has direct implications for children in care and care leavers. The purpose of the action plan is to implement the recommendations by a neighbouring LA who undertook a peer review of the service in the summer of 2019

#### **10. BACKGROUND DOCUMENTS**

Used to prepare this report, in accordance with the Local Government (Access to Information) Act 1985

- 10.1 Action plan

#### **11. APPENDICES**

- 11.1 Appendix 1 – Action Plan



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APPENDIX 1 - Peer Review Action Plan 1.11.19 (V1)

Areas for Development	Actions to support Improvement	Progress against the actions	Deadline	Lead person	RAG rating
<b>Quality of Care planning &amp; Review</b>					
Some evidence of delay in permanency planning	Review current systems/processes regarding permanency in both CIC & fostering and adoption services	Working with colleagues in the permanency service reviewing systems and processes over the next 3 months	31.3.20	HOS Corporate Parenting	Amber
	Set deadlines for revocation of outstanding orders that are impacting on perm planning for children	Retrospective work is being undertaken by CIC SWs to cease/revoke orders that are impacting on perm planning.	31.3.20	HOS Corporate Parenting	Amber
	Where a child has been waiting for an adoptive placement for	See above		HOS Corporate Parenting	

	12 months or more, review these to consider revocation				
Caseloads impacting on proactive delivery of interventions	Review of caseloads & consider an agreed ceiling cap on caseloads	Agency staff have joined the service to offer immediate respite to caseloads. The review of caseloads and forecasting is yet to begin. Recruitment of perm staff is also occurring to reduce the reliance on agency staff by March 2020	31.3.20	HOS Corporate Parenting	
	Recruit more in house foster carers for children to have placements locally	Marketing & recruitment interim plan now in place with tight reviewing mechanism in place. Targeting setting is being developed to show impact	31.3.20	HOS Corporate Parenting	
SDQs and their impact needs to be embedded further	Flow chart and guidance required	Retrospective work has been undertaken to address the low performance figures. Work is completed regarding the interagency	1.12.19	HOS Corporate Parenting	

		Flow chart & guidance. Outstanding issue is to share the communication with all staff.			
Stronger focus on strengths/positives in practice as well as deficits	<p>Compliments log already in place. The contents of which need to be reviewed for patterns and themes and shared with staff</p> <p>Monthly HOS email to share good practice with staff linked to overall communication</p> <p>Development of a Corporate Parenting Framework for Practice to support a strengths</p>	<p>This is updated regularly. Data to be collated and shared with managers. CIC management meeting</p> <p>This is still at an early stage of development</p>	<p>1.12.19</p> <p>1.7.20</p>	<p>HOS Corporate Parenting</p> <p>HOS Corporate Parenting</p>	

	based approach				
<b>For Further Exploration</b>					
Develop a consistent approach to risk management recording	Please see above action to support this issues		1.7.20	HOS Corporate Parenting	Amber
	Refresh briefing with staff to promote agreed standards and processes linked to consistency of risk management recording	Management oversight workshops in place and all managers have attended. A review of the positive impact of this to occur May 2020.	31.5.20	HOS Corporate parenting/QA service	Amber
Issues around completing life story work in time	In the early stage of changing the way in which life story work is delivered to improve timescales and capacity.	Staff affected are being consulted on moving office base and line management. This will occur by Dec with plan for the staff to move by Jan 2020.	1.2.20	HOS Corporate Parenting	Amber
<b>Decision making for care planning starting in FST</b>					
Transition points between other teams and CIC are impacted by capacity	Internal transfer guidance has been	The work on this is completed overall and is awaiting sign off by HOS in PCC.	1.12.19	HOS Corporate Parenting	Amber

	reviewed and is awaiting final agreed date for implication/communication to staff across the service.				
	Review of caseloads & consider an agreed ceiling cap on caseloads in CIC	This is underway please see above	31.3.20	HOS Corporate Parenting	RED
<b>Further Exploration</b>					
Impact of FST yet to be tested as it is still being embedded					
Strength based recording – evidence started but needs rolling out to all children	CIC service to review its approach to strength based recording linked to the FST model.		1.7.20	HOS Corporate Parenting Manager	Amber
<b>Care Leavers</b>					
C&YP would like to learn about independence at an earlier stage	'Passport to Independence' document is being piloted in the wider	This is being piloted across the service with an interim report to be completed in January on the impact this is	1.2.20	Leaving Care Manager	Amber

	service currently.	having on improving outcomes for YP.			
	Develop a communication strategy with FCs and providers re 'passport to independence'	This is already underway with internal staff. The F.C.s have been briefed by the LC manager.	1.2.20	Leaving Care Manager	Amber
	Interim review in late January to review the impact of the passport to independence document for YP	This is on track at this time	1.2.20	HOS Corporate Parenting	Amber
	Feedback from YP on the document to be fed into the report above	See above	1.2.20	HOS Corporate Parenting	Amber
Some issues around recording pathway plans on LCS	These have been addressed through the Leaving Care manager briefing all staff on the		30.9.19	HOS Corporate Parenting	Green

	new pathway plan template.				
	Performance data for CIC pathway plans is showing significant improvement in the CIC teams.	Monthly monitoring of performance data occurs to identify early where the problems are in completing the template within the timescales set.		HOS Corporate Parenting	Green
	Audit of the quality pathway plans to support practice learning both positive and areas of development		1.12.19		Amber
<b>Further Exploration</b>					
Contradictory evidence around availability of suitable accommodation in independence	A further commissioned service in place.	Monthly referral meetings in place to begin to match YP with this type of accommodation. No children placed as yet due to matching issues & issues with local housing provider cautionary approach.	1.7.20	HOS Corporate Parenting	RED
<b>UASCs</b>					

Preparation for independence is an area that needs strengthening	Review integration policy with key internal and external partners	Review the objectives of the Integrated policy to link with the strategy/vision for CIC. Reviewing the migration control funding bid/plan that was put forward This is planned for December	31.4.20	HOS Corporate Parenting	Amber
	Passport to Independence template will also be used with UASCs		31.4.20	HOS Corporate Parenting	Amber
	Controlling Migration funding has been secured additional funds for UASCs	See above	31.4.20	HOS Corporate Parenting	RED
CIC teams would benefit from some further training around legislation	Refresher training to be organised for 2020	This is yet to be organised	31.4.20	HOS Corporate Parenting	RED
Specific UASCs needs have not consistently been identified by partners.	Review integration policy with key internal and external partners	Review the objectives of the Integrated policy to link with the strategy/vision for CIC. Reviewing the migration control funding bid/plan that	31.4.20	HOS Corporate Parenting	RED

		was put forward This is planned for December			
<b>For Further exploration</b>					
Are all practitioners sufficiently experienced in working with these YP	Refresher training to be organised for 2020	See above	31.4.20	HOS Corporate Parenting	Amber
<b>Performance, QA &amp; Challenge</b>					
Data commentary from services could be SMARTER in what is being done and when	Review data collection linked to this suggestion	This has not been progressed as yet	31.3.20	HOS Corporate Parenting	RED
Targets are set for services, however, RAG ratings are sometimes unhelpful, if too many are red. (where do you concentrate)	Review targets as part of the yearly review of these. Consider aligning with statistical neighbours to develop more realistic targets	As above	31.3.20	HOS Corporate Parenting	RED
Out of county & over 20 miles from home is high. It would be useful to have a breakdown of 20-30 miles, 30-40 miles etc.	Review whether current internal performance systems can accommodate	As above	1.12.19	HOS Corporate Parenting	RED

	this suggestion				
Performance reporting for Care Leavers needs to focus on 'in contact' rates	This already occurs within the weekly report as it is completed manually by the team manager. Review with the performance team whether this can move to the model suggested, monthly	As above	31.1.20	HOS Corporate Parenting	RED
<b>For further exploration</b>					
Further analysis of the data & implications on practice	Review targets as part of the yearly review of these. Consider aligning with statistical neighbours to develop more realistic targets	As above	31.4.20	HOS Corporate Parenting	RED

Where stability has dipped how much relates to positive moves	Work with the performance team on developing whether this data can be disaggregated in the current system.	As above	31.1.20	HOS Corporate Parenting	RED
<b>Voice of Child</b>					
Not all parts of the service are aware of how children are contributing to the development of the service	Induction of all new staff to meet the participation officer & QA officer specifically on this subject.	This is on hold with the changes occurring within the participation service. This will be revisited in the new year	1.2.20	HOS Corporate Parenting	RED
	All new staff as part of their induction to attend the informal corporate parenting committee.	See above	1.2.20	HOS Corporate Parenting	RED
<b>Management oversight</b>					
Recording of MO further down the child's journey after becoming looked after is less consistent	Management capacity to be reviewed as part of overall caseloads	31.3.20	31.3.20	HOS Corporate Parenting	Amber

	within CIC & the current requirements of the supervision policy				
Variable practice around recording of supervision & evidence of impact on the child	Review the case supervision template assessing whether it is still 'fit for purpose'	The Corporate Parenting service holds internal performance meeting 3 weekly with team managers which is strength based	31.3.20	HOS Corporate Parenting	
Widely variable practice on recording of the use of chronologies.	Review caseloads and management oversight will support this action	This is an ongoing issue within CIC. This will now include the Fostering & Adoption service. This will be revisited via the 3 weekly quality meeting held with team managers internally.	31.3.20	HOS Corporate Parenting	Amber
	All new staff including agency to attend chronology workshops within the 1 <sup>st</sup> month of joining the CIC service	This is part of the induction plan of all staff.	31.3.20	HOS Corporate Parenting	Amber

<b>Wider Suggestions</b>					
Team Space for reflective discussion	A review where CIC currently sit to support further the CIC identity/reflexive discussion	This is in an early stage of being reviewed internally	31.1.20	HOS Corporate Parenting	RED
	Reinstate the reflective workshops based upon case discussions with staff	The senior practitioner post has been reviewed with the objective of them leading on this in the next financial year. The planning of this will occur in January 2020	31.3.20	HOS Corporate Parenting	RED
Use Family Group Conferencing at different stages of the child's journey to support care planning.	Review data to assess where greatest use has been to date. Then consider the best and most important areas of the service to have biggest impact.	FGC staff and CIC staff have been to an event in Leeds (Sept) to review their approach to FGCs in that LA. The FGC manager has subsequently met with Leeds to have further information on a specific model of intervention which could have tangible positive benefits if implemented in PC.	31.3.20	HOS Corporate Parenting	RED

		The HOS is currently reviewing the performance data of FGC's to assess the impact of the service with the plan to move to a model that offers biggest impact for children service wide. Project plan regarding an aspect of the above was developed prior to the above. This has been put on hold linked to the Sept visit.			
	Develop a procedure that promotes a mandatory referral process through the child's journey whereby an FGC has to be undertaken.	See above	31.3.20		RED
Consideration of a more flexible approach to the supervision policy to support reflective supervision	Review the supervision policy linked to a more proportionate approach for	This has not been progressed as yet and requires further consideration with CCC to develop a consistent model that supports an	1.5.20	HOS Corporate Parenting	RED

	children in perm match placements & that is outcome focused	effective approach across the CIC division			
	Consider a version of the FST approach to case supervision within CIC	See above	1.5.20	HOS Corporate Parenting	RED
Consideration to be given to children's mental health needs & how these are understood & integrated into decision making and care planning	Review of use of services to support children and placements to occur to develop greater understanding of strengths and gaps. This will then inform care planning	This has not been progressed as yet with partners	30.5.20	HOS Corporate Parenting	RED
Share ideas around how to record supervision effectively	Explore with neighbouring LAs how they approach case supervision for CIC	See above	31.3.20	HOS Corporate Parenting	

Explore whether designated professionals could record directly onto children's records.	This will be revisited internally with senior officers.	This has been visited before and will be explored again with senior officers in light of this recommendation	31.3.20	HOS Corporate Parenting	
Motivational interviewing to be embedded service wide	Ensure all staff who have not had the training do so	This to be considered as part of the Corporate Parenting frame work for Practice model being formulated.	1.7.20	HOS Corporate Parenting	
	Link the case supervision template to motivational interviewing approach where appropriate	See above	1.7.20	HOS Corporate Parenting	
Scrutiny to focus on strengths as well as deficits	Consider the development of an achievements log for council members.		31.3.20	HOS Corporate Parenting	RED

<b>CORPORATE PARENTING COMMITTEE (FORMAL)</b>	AGENDA ITEM No. 8
<b>20 NOVEMBER 2019</b>	<b>PUBLIC REPORT</b>

Report of:	Wendi Ogle-Welbourn, Executive Director People and Communities Cambridgeshire and Peterborough Councils	
Cabinet Member(s) responsible:	Councillor Lynne Ayres, Cabinet Member for Children's Services	
Contact Officer(s):	Sarah-Jane Smedmor, Assistant Director, Children's Social Care	Tel. 01223 699920

## CHILDREN IN CARE AND CARE LEAVERS PERFORMANCE REPORT

<b>R E C O M M E N D A T I O N S</b>	
<b>FROM:</b> Assistant Director Children's Services	<b>Deadline date:</b> N/A
<p>It is recommended that the Corporate Parenting Committee</p> <ol style="list-style-type: none"> <li>1. Notes the content of the report; and</li> <li>2. Raise any queries they have with the lead officers</li> </ol>	

### 1. ORIGIN OF REPORT

1.1 This report is submitted to each formal and informal Corporate Parenting Committee.

### 2. PURPOSE AND REASON FOR REPORT

2.1 The purpose of this report is to update the Corporate Parenting Committee in respect of the numbers of children and young people currently being looked after by the Council and to provide a breakdown of the types of placements in which they are living. The report also provides information about the age, gender and ethnicity of those children and young people.

2.2 This report is for Corporate Parenting Committee to consider under its Terms of Reference No. 2.4.4.6 To monitor the quality of care delivered by the City Council and review the performance of outcomes for children and young people in care.

2.3 This report links into the Children in Care Pledge under:

**Respect** – We will respect you as individuals, with differing wants, needs and beliefs and tailor the service you get to fit you.

### 3. TIMESCALES

Is this a Major Policy Item/Statutory Plan?	<b>NO</b>	If yes, date for Cabinet meeting	<b>N/A</b>
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### 4. BACKGROUND AND KEY ISSUES

4.1 On the 30 September 2019 there were 372 children in care in Peterborough.

- 149 children were placed with foster carers who work for TACT (The Adolescent and Children's Trust), and provide foster care through our strategic partnership.
- 130 children were in foster care and placed with independent fostering agencies (IFAs). The agencies work with the Local Authority on a contractual basis to provide foster placements.
- 44 post 16 year olds were living on their own (independent living) but still classed as Children in Care with an allocated social worker. Independent living assists the young person with the transition to leaving care. These young people are supported by our leaving care service.
- 2 children have a court order (Placement Order) that allows them to live with their prospective adoptive parents whilst they are awaiting a final adoption order.
- 15 children were placed with family or friends carers (connected person). These carers are formally assessed in the same way that our other inhouse carers are assessed and are presented to the Fostering Panel for approval in the same way. They are paid the same level of allowances as other in house foster carers.
- 4 children were living with their parents but considered as looked after children because they are subject to a full care orders so the local authority still shares parental responsibility with the birth parent. Placements with parents are often made pending a plan for reunification with the parent and in some cases will result in an application for care orders to be discharged.
- 26 children and young people (without disabilities) were placed in residential care which provides intensive support in a residential setting. These placements are most usually made when it is clear that foster care is not sufficient to meet the child or young person's needs. Residential care is nearly always accessed by adolescents and rarely used for younger children, only in very unique circumstances.
- There was 1 young person placed in a secure unit and there were no young people in a Young Offenders Institute.

## 4.2 Children in Care Profile:

	Sep-18	Dec-18	Mar-19	Jun-19	Sep-19	
<b>Children looked after</b>	<b>370</b>	<b>360</b>	<b>369</b>	<b>369</b>	<b>372</b>	<b>+3</b>
<b>Age</b>	<b>Sep-18</b>	<b>Dec-18</b>	<b>Mar-19</b>	<b>Jun-19</b>	<b>Sep-19</b>	
Under 1	19	20	23	24	<b>20</b>	-4
1 to 4	34	35	39	39	<b>49</b>	+10
5 to 9	65	56	59	64	<b>59</b>	-5
10 to 15	156	152	153	149	<b>144</b>	-5
16-17	96	97	95	93	<b>100</b>	+7
<b>Gender</b>	<b>Sep-18</b>	<b>Dec-18</b>	<b>Mar-19</b>	<b>Jun-19</b>	<b>Sep-19</b>	
Male	207	203	214	213	<b>220</b>	+7
Female	167	157	155	156	<b>152</b>	-4
Indeterminate	0	0	0	0	<b>0</b>	+0
<b>Ethnicity</b>	<b>Sep-18</b>	<b>Dec-18</b>	<b>Mar-19</b>	<b>Jun-19</b>	<b>Sep-19</b>	
White British	229	219	221	222	<b>233</b>	+11
White Irish	0	0	0	0	<b>0</b>	+0
White Other	43	41	48	44	<b>39</b>	-5
<b>White</b>	<b>272</b>	<b>260</b>	<b>269</b>	<b>266</b>	<b>272</b>	<b>+6</b>
Mixed White & Black Caribbean	5	6	6	2	<b>2</b>	+0
Mixed White & Black African	5	5	5	5	<b>5</b>	+0
Mixed White & Asian	16	16	16	18	<b>16</b>	-2
Any other mixed background	17	18	20	20	<b>19</b>	-1
<b>Mixed</b>	<b>43</b>	<b>45</b>	<b>47</b>	<b>45</b>	<b>42</b>	<b>-3</b>
Indian	0	0	0	0	<b>0</b>	+0
Pakistani	11	10	9	9	<b>10</b>	+1
Bangladeshi	1	0	0	0	<b>2</b>	+2
Any other Asian background	16	15	12	14	<b>12</b>	-2
<b>Asian</b>	<b>28</b>	<b>25</b>	<b>21</b>	<b>23</b>	<b>24</b>	<b>+1</b>
Caribbean	2	2	2	2	<b>2</b>	+0
African	12	10	10	9	<b>9</b>	+0
Any other Black background	8	7	10	10	<b>9</b>	-1
<b>Black</b>	<b>22</b>	<b>19</b>	<b>22</b>	<b>21</b>	<b>20</b>	<b>-1</b>
Chinese	0	0	0	0	<b>0</b>	+0
Any other ethnic group	5	7	6	8	<b>8</b>	+0
<b>Other</b>	<b>5</b>	<b>7</b>	<b>6</b>	<b>8</b>	<b>8</b>	<b>+0</b>
Not stated / not yet obtained	4	4	4	6	<b>6</b>	+0

#### 4.3 Children in Care Placements:

Placement	Sep-18	Dec-18	Mar-19	Jun-19	Sep-19	
Foster carers - In House	146	144	146	142	<b>149</b>	+7
Foster carers - Agency	117	120	128	134	<b>130</b>	-4
Kinship/connected carers	16	10	13	16	<b>15</b>	-1
With parents	6	5	5	4	<b>4</b>	+0
Semi- independent living	43	44	45	43	<b>44</b>	+1
Residential/children's homes	29	28	28	27	<b>26</b>	-1
Other residential schools	1	1	1	1	<b>2</b>	+1
Placed for adoption	6	1	1	1	<b>1</b>	+0
Secure unit	1	0	2	1	<b>1</b>	+0
Other	9	7	0	0	<b>0</b>	+0

#### 5. CONSULTATION

5.1 N/A

#### 6. ANTICIPATED OUTCOMES OR IMPACT

6.1 N/A

#### 7. REASON FOR THE RECOMMENDATION

7.1 Corporate Parenting Committee members have a duty to review performance of Children's Social Care.

#### 8. ALTERNATIVE OPTIONS CONSIDERED

8.1 N/A

#### 9. IMPLICATIONS

##### 9.1 Financial Implications

None

##### 9.2 Legal Implications

None, as this report is for information only.

##### 9.3 Equalities Implications

None

##### 9.4 Any Other implications

Performance data is key to allow Committee Members to address and challenge issues relating to care leavers and children in care.

#### 10. BACKGROUND DOCUMENTS

Used to prepare this report, in accordance with the Local Government (Access to Information) Act 1985

10.1 N/A

#### 11. APPENDICES

11.1 *List any appendices to the report.*

Appendix 1 – CIC Performance Report September 2019

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## HEADLINE FIGURES

Number of children in care on the last day of September

# 372

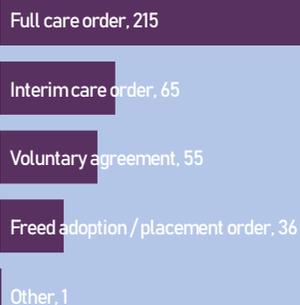
Target: below 394



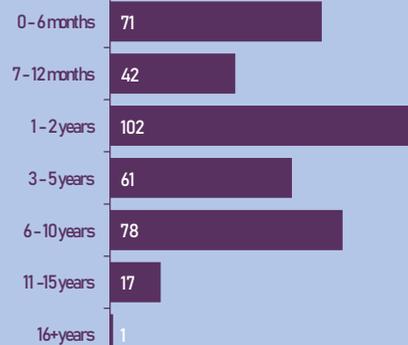
## Staffing

	Establishment	Average Caseload	Change	Performance
Family Safeguarding Qualified social workers	34.5	19	-	-
Children in Care Qualified social workers	15.5	18	-	-
Leaving Care Personal Advisors	8	23	-	-
Independent Reviewing Officers	8	47	-	-

## Legal status of children in care



## Length of time children have been in care



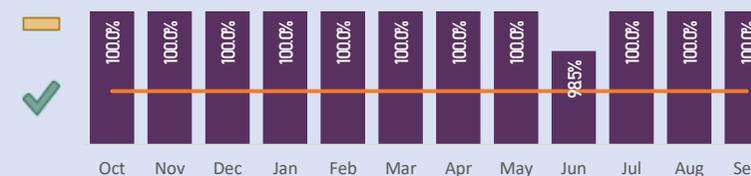
**Key** Change since previous month: ▲ Improved, ▬ Stayed the same, ▼ Deteriorated  
 Performance against target: ✔ Strong, ! Acceptable, ✘ Poor

## SERVICE STANDARDS

% of child in care reviews which were held on time (year to date, and during each month)

# 100%

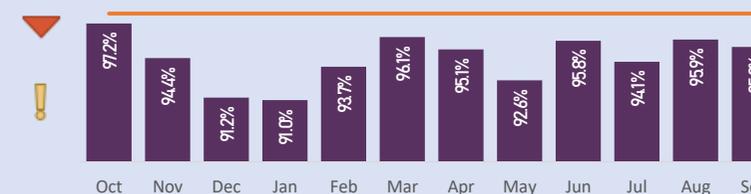
Target: above 97%



% of child in care statutory visits which were carried out on time (year to date, and during each month)

# 95.3%

Target: above 98%

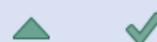


## PLACEMENTS

Placement stability

# 5.4%

Target: below 5.5%

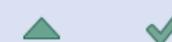


5.4% of children in Peterborough's care had 3 or more different placements in the last 12 months.

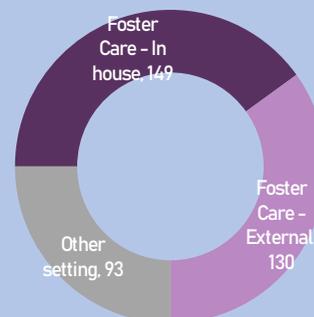
Out of those children who have been in care for over 2.5 years, 69.2% have been in their current placement for two or more years.

# 69.2%

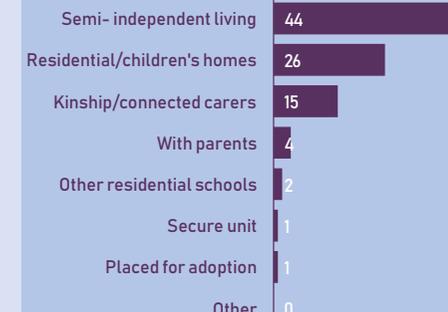
Target: above 69%



## Type of placement of children in care

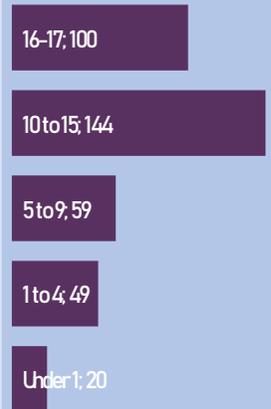


## Other settings breakdown



## EDUCATION

### Children in care by age group



### % of school-aged children in care who have a PEP in place

100.0%

Target: above 98%

A Personal Education Plan (PEP) was in place for 216 out of 216 school-aged children who were in care for at least a month by the end of September.

87.2%

#PEP

87.2% of Peterborough's children in care are taught in good or outstanding schools.

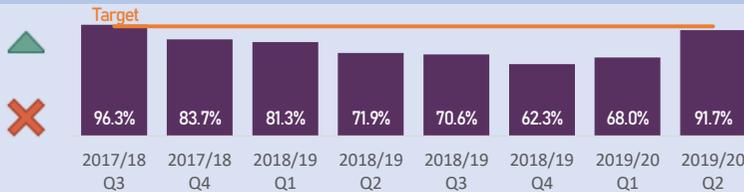
### % of school-aged children in care in good or outstanding schools

## HEALTH- SERVICE STANDARDS

### Children in care whose initial health assessment was completed on time (Year to date and by quarter)

79.6%

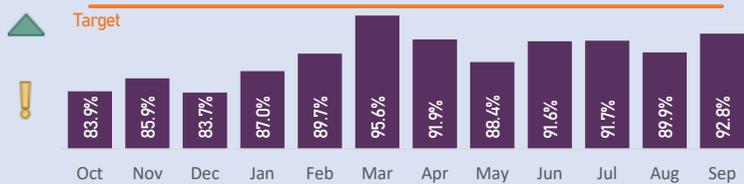
Target: above 95%



### Children in care whose annual health assessment was completed on time

92.8%

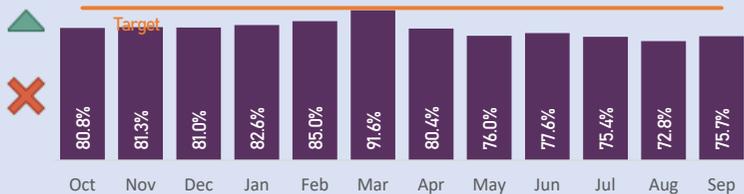
Target: above 93%



### Children in care whose annual dental examination was completed on time

75.7%

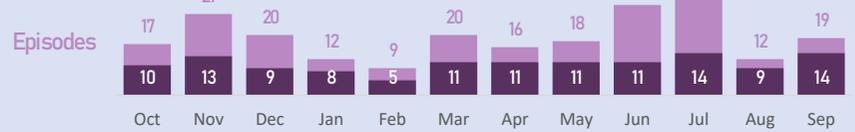
Target: above 93%



### Children in care who go missing (with number of episodes)

11 Children

20 Episodes

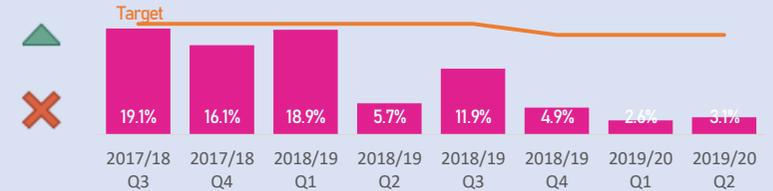


## ADOPTION

### % of children leaving care who are adopted (Year to date and by quarter)

7.8%

Target: above 18%



### Timeliness of adoption process

Time to placement

341

Target: below 426

For children adopted during the past 12 months, an average of 341 days passed between the child entering care and them moving into their adoptive placement. An average of 246.888888888889 days passed between their placement order being granted and approval of a match with their adopters.

Time to match

247

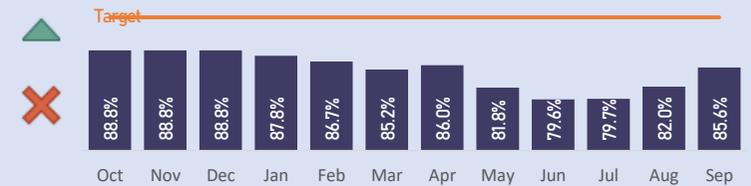
Target: below 120

## CARE LEAVERS

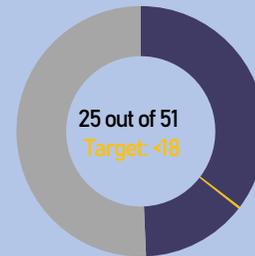
### Care Leavers who have a pathway plan in place

85.6%

Target: above 95%



19 to 21 year old care leavers who are not in employment, education or training (NEET)



19 to 21 year old care leavers who live in unsuitable accommodation



<b>CORPORATE PARENTING COMMITTEE (FORMAL)</b>	AGENDA ITEM No. 9
<b>20 NOVEMBER 2019</b>	<b>PUBLIC REPORT</b>

Report of:	Executive Director People and Communities Cambridgeshire and Peterborough Councils	
Cabinet Member(s) responsible:	Councillor Lynne Ayres, Cabinet Member for Children's Services	
Contact Officer(s):	Sarah Jane Smedmor – Assistant Director Children's Social Care Deborah Spencer – Designated Nurse Looked After Children	Tel:

**HEALTH PERFORMANCE REPORT**

R E C O M M E N D A T I O N S	
<b>FROM: Assistant Director Children's Social Care</b>	<b>Deadline date: N/A</b>
<p>It is recommended that the Corporate Parenting Committee:</p> <ol style="list-style-type: none"> <li>1. Notes the content of the report</li> <li>2. Raise any queries with the lead officers</li> </ol>	

**1. ORIGIN OF REPORT**

1.1 This report is submitted to each formal Corporate Parenting Committee

**2. PURPOSE AND REASON FOR REPORT**

2.1 The purpose of this report is to provide an overview of the Clinical Commissioning Group's (CCG) activities to ensure robust monitoring and quality assurance systems are in place to meet the health needs of the Looked after Children population in Peterborough

2.2 This report is for the Corporate Parenting panel to consider under its terms of reference no: 2.4.3.6 (c) Promote the development of participation and ensure that the view of children and young people are regularly heard through the Corporate Parenting Committee to improve educational, health and social outcomes to raise aspiration and attainments

2.3 This links to priority 4 of the Children in Care Pledge and Care Leavers Charter. Health issues of Children and young people in care

**3. TIMESCALES**

Is this a Major Policy Item/Statutory Plan?	<b>NO</b>
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**4. BACKGROUND AND KEY ISSUES**

## 4.1

CAMBRIDGESHIRE & PETERBOROUGH FOUNDATION TRUST		April 2019	May 2019	June 2019	July 2019	August 2019	September 2019
No. Children Entered Care	No. Placed in area	5	7	6	12	14	9
	No. Placed out of area	0	0	4	0	1	0
IHA Completed with 20 days	No. In area completed within 20 days	5	7	6	12	13	9
	% in area completed within 20 days	100%	100%	100%	100%	93.00%	100%
	No. OOA completed within 20 days	0	0	0	0	0	0
	% OOA completed within 20 days	100%	100%	0%	100%	0%	100%
	% All IHA completed in 20 days	100%	100%	60.00%	100%	87%	100%
Annual Health Review Assessments	No. In area Annual Review Assessments required	10	24	30	23	22	26
	No. OOA Annual Review Assessments required	1	4	4	9	10	9
	No. In area completed within 15 days	6	22	26	21	20	23
	% in area completed within 15 days	60%	92%	87%	91%	91.00%	88%
	No. OOA area completed within 15 days	1	3	2	4	0	6
	% OOA completed within 15 days	100%	75%	50%	44%	0%	67%
	% All AHR completed within 15 days	64.00%	89%	82.00%	78%	69%	83%

**June 2019**Initial Health Assessments

All in county completed within 20 days

Low percentage overall due to 4 assessments out of county

Review Health Assessments

3 were cancelled by carers

1 did not attend due to car trouble

2 out of area out of timescale

**July 2019**Initial Health Assessments

All assessments completed within 20 days

No out of county placements

Review Health Assessments

1 moved out of county after booked

1 reason unknown

5 out of area waiting assessment

**August 2019**Initial Health Assessments

1 in county carer declined first date

1 out of county

Review Health Assessments

1 did not attend

1 completed on phone as difficult to engage

10 out of county

**September 2019**Initial Health Assessments

All assessments conducted within 20 days

Review Health Assessments

1 did not attend

2 carer availability

3 out of county (6 OOC completed in timescale)

**5. CONSULTATION**

N/A

**6. ANTICIPATED OUTCOMES OR IMPACT**

6.1 To improve health and well-being for Looked after Children by ensuring adequate assessment of health and addressing areas where there may be a lack of provision.

**7. REASON FOR THE RECOMMENDATION**

7.1 Corporate Parenting Committee have requested a health update at all formal committees.

**8. ALTERNATIVE OPTIONS CONSIDERED**

8.1 N/A

**9. IMPLICATIONS**

**Financial Implications**

9.1 N/A

**Legal Implications**

9.2 N/A

**Equalities Implications**

9.3 N/A

**10. BACKGROUND DOCUMENTS**

Used to prepare this report, in accordance with the Local Government (Access to Information) Act 1985

10.1 None

**11. APPENDICES**

11.1 None

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<b>CORPORATE PARENTING COMMITTEE</b>	AGENDA ITEM No. 5
<b>20 NOVEMBER 2019</b>	<b>PUBLIC REPORT</b>

Report of:	Fiona McMillan, Director of Law and Governance and Monitoring Officer	
Cabinet Member(s) responsible:	Councillor Mohammed Farooq, Cabinet Member for Digital Services and Transformation	
Contact Officer(s):	Karen S Dunleavy, Senior Democratic Services Officer	Tel. 01733 296334

<b>EMPLOYMENT COMMITTEE MEETING START TIME 2020-2021</b>
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<b>RECOMMENDATIONS</b>	
<b>FROM:</b> <i>Fiona McMillan, Director of Law and Governance and Monitoring Officer</i>	<b>Deadline date:</b> <i>N/A</i>
It is recommended that the Corporate Parenting Committee agree the start time for all formal and informal Corporate Parenting Committee meetings for the Municipal Year 2020-21.	

**1. ORIGIN OF REPORT**

1.1 This report is submitted to the Corporate Parenting Committee meeting following the Full Council decision on 24 July 2019 to allow Committees to decide their own start times for the Municipal Year 2020-21.

**2. PURPOSE AND REASON FOR REPORT**

2.1 The purpose of this report is to allow the Corporate Parenting Committee to discuss and agree the start times for meetings from the beginning of the Municipal Year 2020-21. The draft schedule of meetings will be agreed at Full Council on either 22 January or 4 March 2020.

2.2 This report is for the Corporate Parenting Committee to consider under Council Standing Order section 4.4.1

*The timings of normal committee meetings will be agreed by the committee for the next municipal year in January of the preceding municipal year (or as near to this time as possible).*

**3. TIMESCALES**

Is this a Major Policy Item/Statutory Plan?	<b>NO</b>	If yes, date for Cabinet meeting	
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**4. BACKGROUND AND KEY ISSUES**

4.1 At the Constitution and Ethics Committee on 8 July 2019 the Committee agreed by majority to recommend to Council that all Committees can agree their start times for the Municipal Year 2020-21. This was again agreed by majority at the Full Council meeting on 24 July 2019.

4.2 The Council standing orders have been updated to reflect this decision and gives Committees the opportunity to decide their own start time.

- 4.3 In order for the start times to be incorporated into the draft meeting schedule it is important for the Committee to make a decision on this before the January 2020 Full Council meeting.
- 4.4 Council standing orders allow the Committee to agree its start time every Municipal Year, thereby allowing the Committee to change the start times if it is felt that the start time was not suitable.
- 4.5 The Committee will need to decide the best start time and will need to weigh up attendance at meetings and the impact on the Council and members of the public.
- 4.6 The Committee start time over the past three years has been 6.30pm for the formal meetings and 5:30pm for the informal meeting. The formal meetings are public and the informal meetings are non-public and attended by the Children in Care Council. There is generally no public interest in the formal meetings and there have been no public in attendance recently.

**5. CONSULTATION**

- 5.1 Consultation has already taken place with the Constitution and Ethics Committee and all Councillors at Full Council.

The members of the Children in Care Council have also been consulted in regards to their preference to the start time of informal meetings.

**6. ANTICIPATED OUTCOMES OR IMPACT**

- 6.1 It is anticipated that the Committee will agree a start time for both formal and informal meetings for the Municipal Year 2020-21 and this will be proposed as part of the draft meeting schedule.

**7. REASON FOR THE RECOMMENDATION**

- 7.1 The recommendation allows the Corporate Parenting Committee to debate the start time of the meeting and make recommendations following debate.

**8. ALTERNATIVE OPTIONS CONSIDERED**

- 8.1 N/A

**9. IMPLICATIONS**

**Financial Implications**

- 9.1 There are no financial implications.

**Legal Implications**

- 9.2 There are no legal implications

**Equalities Implications**

- 9.3 There are no equalities implications

**9.4 Children in Care**

It is important to seek the Children in Care Council's opinion in order to promote continuity of participation of the young people in care.

**10. BACKGROUND DOCUMENTS**

Used to prepare this report, in accordance with the Local Government (Access to Information) Act 1985

- 10.1 Minutes of the Constitution and Ethics Committee 8 July 2019  
Report to Full Council 24 July 2019

**11. APPENDICES**

11.1 There are none.

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DRAFT CORPORATE PARENTING COMMITTEE WORK PROGRAMME 2019/2020 DRAFT

Updated 29 May 2019

Date of Meeting	Priority	Topic	Contact Officer
		<b>Part 1</b>	
12 June 2019 Informal Placement		Draft Work Programme and Review of Work in 2018/19	Nicola Curley/Karen Dunleavy
	2. Effective care planning	Update from Children in Care Council (CiCC) b) To encourage those children & Young people to express their views, wishes & feelings c) To take account of the views, wishes & feelings of those children & young people	CiCC/Jenny Weeden
	2. Effective care planning	You Asked We Did b) To encourage those children & Young people to express their views, wishes & feelings c) To take account of the views, wishes & feelings of those children & young people	Nicola Curley
	Priorities 2 - 6	Appointment of Champion Members d) to help those children and young people gain access to, and make the best use of, services provided by the local authority and its relevant partners	Corporate Parenting Champions
		Members Issues	Members
		Case Study relating to placement issues – step down from residential provision	Myra O'Farrell
		<b>Part 2</b>	
	Performance report – Briefing note Children in Care Pledge and Care Leaver Charter TACT Permanence Service – Briefing Note	Nicola Curley Andy Pallas	
17 July 2019 Formal Education	5. Educational attainment and achievement	Update from Foster Carers and Youth Voice Coordinator for CiCC d) to help those children and young people gain access to, and make the best use of, services provided by the local authority and its relevant partners	Foster Carers/Jenny Weeden
		Virtual School Annual Report Children In Care SEND Update	Dee Glover Sheelagh Sullivan

		Apprenticeship and Work Opportunities for Care Leavers Update Education opportunities for Unaccompanied Asylum Seeker Children	Pat Carrington Dee Glover
		Children In Care Strategy Care Leavers Strategy	Myra O'Farrell Myra O'Farrell
		Appointment of Corporate Parenting Champion positions d) to help those children and young people gain access to, and make the best use of, services provided by the local authority and its relevant partners	Nicola Curley/Karen Dunleavy
		Members Issues	
	Priorities 1 - 6	Performance Reports: <ul style="list-style-type: none"> <li>• Placements of Children in Care</li> <li>• Health</li> <li>• Scorecard</li> </ul>	Nicola Curley
		Draft Work Programme and Review of the Committee's work in 2018/2019.	Nicola Curley/Karen Dunleavy
25 September 2019 Informal Health		<b>Part 1</b>	
	2. Health	Update from the Children in Care Council b)To encourage those children & Young people to express their views, wishes & feelings c) To take account of the views, wishes & feelings of those children & young people	CiCC
	2. Health	You Asked We Did b)To encourage those children & Young people to express their views, wishes & feelings c) To take account of the views, wishes & feelings of those children & young people	Jenny Weeden
	Priorities 2 - 6	Champion Member Feedback session d) to help those children and young people gain access to, and make the best use of, services provided by the local authority and its relevant partners;	Member Champions
		Members Issues	Members
		<b>Part 2</b>	
	5.	Case study – CIC with significant emotional/ mental health difficulties	Deborah Spencer
		Work Programme	Karen Dunleavy

20 November 2019 Formal Health		Update from Foster Carers and Youth Voice Coordinator for CICC d) to help those children and young people gain access to, and make the best use of, services provided by the local authority and its relevant partners	Foster Carers/Jenny Weeden
		Annual Health report Update on health needs of Unaccompanied Asylum Seeker Children CIC Update on services for CIC in care with emotional and mental health difficulties	Deborah Spencer
		Formal report in relation to CIC Peer Review and action plan	Myra O'Farrell
		Update on 0-25 services for CIC	Graham Puckering
		Members Issues	Members
	Priorities 1 – 6	Performance Reports: <ul style="list-style-type: none"> <li>• Placements of Children in Care</li> <li>• Health Report</li> <li>• Scorecard</li> </ul>	Nicola Curley/Deborah Spencer
	Work Programme	Karen Dunleavy	
<b>Part 1</b>			
15 January 2020 Informal Education	5. Educational attainment and achievement	Update from the Children in Care Council b)To encourage those children & Young people to express their views, wishes & feelings c) To take account of the views, wishes & feelings of those children & young people	CiCC
	5. Educational attainment and achievement	You Asked We Did b)To encourage those children & Young people to express their views, wishes & feelings c) To take account of the views, wishes & feelings of those children & young people	Jenny Weeden
	Priorities 2 - 6	Champion Member Feedback session d) to help those children and young people gain access to, and make the best use of, services provided by the local authority and its relevant partners;	Corporate Member Champions
	Members Issues	Members	
<b>Part 2</b>			

	3. 5. Educational attainment and achievement	Case study – Children In Care out of formal education with youth justice concerns	Myra O'Farrell/Dee Glover
		Work Programme	Karen Dunleavy

25 March 2020 Formal Placement	3. Placement stability and range of high quality placement provision 2. Effective care planning	Update from Foster Carers and Youth Voice Coordinator for CICC d) to help those children and young people gain access to, and make the best use of, services provided by the local authority and its relevant partners	Foster Carers/Jenny Weeden
		TACT Permanence Service Annual Report Adoption report Fostering report	Andy Pallas
		Independent Reviewing Officer annual report Commissioning of placements report Update on UASC and AS CL placement needs	Alison Bennett Helene Carr Myra O'Farrell/Helene Carr
	Priorities 1 - 6	Report on work of the Corporate Parenting Committee for the Children and Education Scrutiny Committee	Nicola Curley
		Members Issues	Members
		Performance Reports: <ul style="list-style-type: none"> <li>● Placements of Children in Care</li> <li>● Health Report</li> <li>● Scorecard</li> </ul>	Nicola Curley/Deborah Spencer

\*\* New addition

Regional Adoption Agency update report (briefing note, July 2019)

Report in relation to DfE assessment of Care Leaver service and action plan - To be rescheduled